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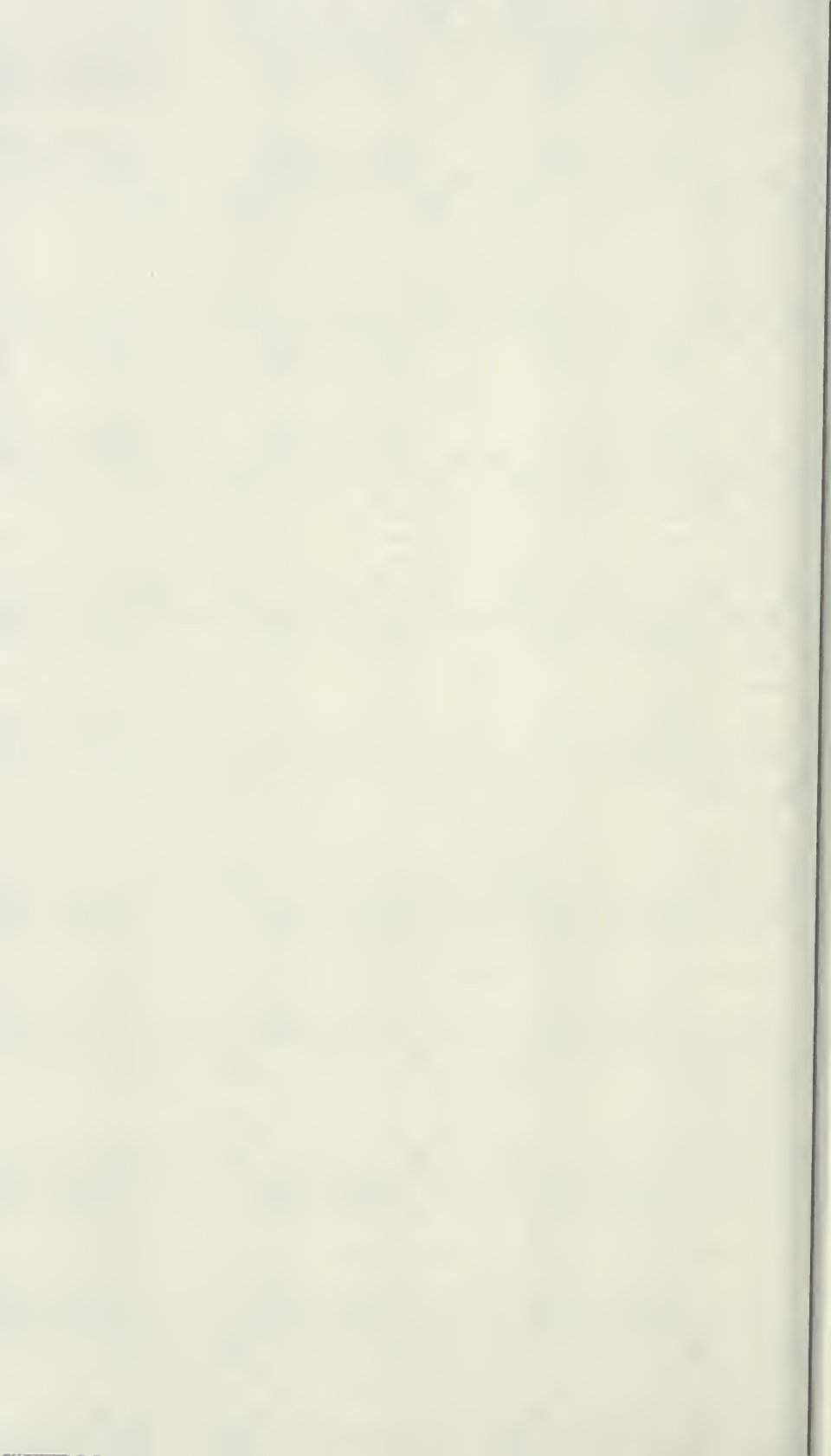


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DOCTORS AND MEDICAL STUDENTS
UNDER THE SELECTIVE SERVICE

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HEARINGS

BEFORE THE

COMMITTEE ON MILITARY AFFAIRS
UNITED STATES SENATE

SEVENTY-SEVENTH CONGRESS

FIRST SESSION

ON

S. 783

A BILL TO AMEND THE SELECTIVE TRAINING
AND SERVICE ACT OF 1940

MARCH 18, 19, 20, 1941

Printed for the use of the Committee on Military Affairs



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DOCTORS AND MEDICAL STUDENTS UNDER THE SELECTIVE SERVICE

TUESDAY, MARCH 18, 1941

UNITED STATES SENATE,
SENATE COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The committee met, pursuant to call, at 10:45 o'clock, in room 104-B of the Senate Office Building, Senator Robert R. Reynolds (acting chairman) presiding.

Present: Senator Robert R. Reynolds, Senator Elbert D. Thomas, Senator H. H. Schwartz, Senator Harley M. Kilgore, Senator Henry Cabot Lodge, Jr., and Senator John Thomas.

Also present: Senator James E. Murray and Representative Philip A. Traynor.

Senator REYNOLDS. The meeting will now come to order, please.

The committee has before it for hearing this morning S. 783, a bill to amend the Selective Training and Service Act of 1940. I wish the reporter would at this point insert a copy of the bill into the record.

The bill interests itself primarily with amendments to section 4, doesn't it, Senator Murray?

Senator MURRAY. Section 4 and section 5.

Senator REYNOLDS. Then I would ask the reporter to make the insertion of sections 4 and 5 immediately following the bill itself, for the record.

(The bill is as follows:)

[S. 783, 77th Cong., 1st sess.]

A BILL To amend the Selective Training and Service Act of 1940

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 4 of the Selective Training and Service Act of 1940 is hereby amended by adding at the end thereof the following new subsection:

"(c) Any individual selected for training and service under this Act (1) who is a graduate of a medical school and is eligible as such a graduate for the examinations given by the National Board of Medical Examiners of the United States, or who was so eligible at the time of his graduation, or who is a graduate of a school of dentistry, or holds a degree of doctor of dental surgery or doctor of dental medicine; and (2) who holds a valid license to practice medicine, surgery, or dentistry in any State, Territory, or possession of the United States, or the District of Columbia, and is engaged in such practice at the time of his selection; and (3) whose physical and mental fitness for such training and service has been satisfactorily determined, shall, in lieu of induction into the land or naval forces of the United States for such training and service, be commissioned an officer in the Medical Department Reserve, Officers' Reserve Corps, and ordered into the active military service of the United States, as provided in the joint resolution approved August 27, 1940."

SEC. 2. (a) Subsection (d) of section 5 of such Act is hereby amended by inserting "(1)" after "(d)" at the beginning thereof.

(b) Subsection (d) of section 5 of such Act is hereby further amended by adding at the end thereof the following new paragraph:

"(2) (A) Students who are preparing for the degree of doctor of medicine or bachelor of medicine at medical schools; (B) students who are preparing for the degree of doctor of dental surgery or doctor of dental medicine at dental schools; (C) hospital internes and resident physicians and surgeons who are graduates of medical schools and are eligible as such graduates for the examinations given by the National Board of Medical Examiners of the United States or were so eligible at the time of their graduation from such medical schools; (D) hospital dental internes and resident dentists who are graduates of schools of dentistry or hold degrees of doctor of dental surgery or doctor of dental medicine; and (E) teachers at medical and dental schools, shall be exempt from training and service (but not from registration) under this Act. Notwithstanding any other provision of law, any such medical or dental student, hospital interne, or resident physician, surgeon, or dentist, or medical- or dental-school teacher, who is a member of a reserve component of the land or naval forces of the United States, shall not be ordered or called to active duty or into active service in any of such forces, except in time of war."

SEC. 3. (a) The amendments to the Selective Training and Service Act of 1940, contained in the preceding sections of this Act shall be applicable as if they were a part of such Act of 1940 on the date of its enactment.

(b) Any person heretofore inducted into the land or naval forces of the United States for the training and service prescribed in the Selective Training and Service Act of 1940 who comes within the provisions of the amendment to such Act of 1940, contained in the first section of this Act, shall be discharged from such forces and given a commission and ordered into the active military service of the United States, as provided in such amendment.

(c) Any person heretofore inducted into the land or naval forces of the United States for the training and service prescribed in the Selective Training and Service Act of 1940, who would have been exempt from such training and service if the amendment contained in subsection (b) of section 2 of this Act had been in effect at the time of such induction, shall, upon his own request, be immediately discharged from such forces and shall receive the travel allowance provided for in the case of enlisted men discharged from the Army, Navy, or Marine Corps by section 126 of the Act entitled "An Act for making further and more effectual provision for the national defense, and for other purposes", approved June 3, 1916, as amended.

(d) Any person ordered or called to active duty or into active service in the land or naval forces of the United States between August 26, 1940, and the date of the enactment of this Act, who would have been exempt from such active duty or active service if the amendment contained in subsection (b) of section 2 of this Act had been in effect at the time he was ordered or called to such active duty or active service, shall, upon his own request, immediately be relieved from such active duty or discharged from such active service and shall receive the travel allowance to which he would have been entitled if the period of active duty or active service for which he was ordered or called had been completed.

(e) Any person who is discharged, as provided in subsection (c) of this section, or is relieved from active duty or discharged from active service, as provided in subsection (d) of this section, shall be entitled to the benefits of section 8 of the Selective Training and Service Act of 1940 and subsections (a) to (d), inclusive, of section 3 of the joint resolution entitled "Joint resolution to strengthen the common defense and to authorize the President to order members and units of reserve components and retired personnel of the Regular Army into active military service", approved August 27, 1940, as the case may be.

(Sections 4 and 5 of the Selective Training and Service Act of 1940 follow:)

SEC. 4. (a) The selection of men for training and service under section 3 (other than those who are voluntarily inducted pursuant to this Act) shall be made in an impartial manner, under such rules and regulations as the President may prescribe, from the men who are liable for such training and service and who at the time of selection are registered and classified but not deferred or exempted: *Provided*, That in the selection and training of men under this Act, and in the interpretation and execution of the provisions of this Act, there shall be no discrimination against any person on account of race or color.

(b) Quotas of men to be inducted for training and service under this Act shall be determined for each State, Territory, and the District of Columbia, and for

subdivisions thereof, on the basis of the actual number of men in the several States, Territories, and the District of Columbia, and the subdivisions thereof, who are liable for such training and service but who are not deferred after classification, except that credits shall be given in fixing such quotas for residents of such subdivisions who are in the land and naval forces of the United States on the date fixed for determining such quotas. After such quotas are fixed, credits shall be given in filling such quotas for residents of such subdivisions who subsequently become members of such forces. Until the actual numbers necessary for determining the quotas are known, the quotas may be based on estimates, and subsequent adjustments therein shall be made when such actual numbers are known. All computations under this subsection shall be made in accordance with such rules and regulations as the President may prescribe.

SEC. 5. (a) Commissioned officers, warrant officers, pay clerks, and enlisted men of the Regular Army, the Navy, the Marine Corps, the Coast Guard, the Coast and Geodetic Survey, the Public Health Service, the federally recognized active National Guard, the Officers' Reserve Corps, the Regular Army Reserve, the Enlisted Reserve Corps, the Naval Reserve, and the Marine Corps Reserve; cadets, United States Military Academy; midshipmen, United States Naval Academy; cadets, United States Coast Guard Academy; men who have been accepted for admittance (commencing with the academic year next succeeding such acceptance) to the United States Military Academy as cadets, to the United States Naval Academy as midshipmen, or to the United States Coast Guard Academy as cadets, but only during the continuance of such acceptance; cadets of the advanced course, senior division, Reserve Officers' Training Corps or Naval Reserve Officers' Training Corps; and diplomatic representatives, technical attachés of foreign embassies and legations, consuls general, consuls, vice consuls, and consular agents of foreign countries, residing in the United States, who are not citizens of the United States, and who have not declared their intention to become citizens of the United States, shall not be required to be registered under section 2 and shall be relieved from liability for training and service under section 3 (b).

(b) In time of peace, the following persons shall be relieved from liability to serve in any reserve component of the land or naval forces of the United States and from liability for training and service under section 3 (b)—

(1) Any man who shall have satisfactorily served for at least three consecutive years in the Regular Army before or after or partially before and partially after the time fixed for registration under section 2.

(2) Any man who as a member of the active National Guard shall have satisfactorily served for at least one year in active Federal service in the Army of the United States, and subsequent thereto for at least two consecutive years in the Regular Army or in the active National Guard, before or after or partially before and partially after the time fixed for registration under section 2.

(3) Any man who is in the active National Guard at the time fixed for registration under section 2, and who shall have satisfactorily served therein for at least six consecutive years, before or after or partially before and partially after the time fixed for such registration.

(4) Any man who is in the Officers' Reserve Corps on the eligible list at the time fixed for registration under section 2, and who shall have satisfactorily served therein on the eligible list for at least six consecutive years, before or after or partially before and partially after the time fixed for such registration: *Provided*, That nothing in this subsection shall be construed to prevent the persons enumerated in this subsection, while in reserve components of the land or naval forces of the United States, from being ordered or called to active duty in such forces.

(c) (1) The Vice President of the United States, the Governors of the several States and Territories, members of the legislative bodies of the United States and of the several States and Territories, judges of the courts of record of the United States and of the several States and Territories and the District of Columbia shall, while holding such offices, be deferred from training and service under this Act in the land and naval forces of the United States.

(2) The President is authorized, under such rules and regulations as he may prescribe, to provide for the deferment from training and service under this Act in the land and naval forces of the United States, of any person holding an office (other than an office described in paragraph (1) of this subsection) under the United States or any State, Territory, or the District of Columbia, whose continued service in such office is found in accordance with section 10 (a) (2) to be necessary to the maintenance of the public health, safety, or interest.

(d) Regular or duly ordained ministers of religion, and students who are preparing for the ministry in theological or divinity schools recognized as such for more than one year prior to the date of enactment of this Act, shall be exempt from training and service (but not from registration) under this Act.

(e) The President is authorized, under such rules and regulations as he may prescribe, to provide for the deferment from training and service under this Act in the land and naval forces of the United States of those men whose employment in industry, agriculture, or other occupations or employment, or whose activity in other endeavors, is found in accordance with section 10 (a) (2) to be necessary to the maintenance of the national health, safety, or interest. The President is also authorized, under such rules and regulations as he may prescribe, to provide for the deferment from training and service under this Act in the land and naval forces of the United States (1) of those men in a status with respect to persons dependent upon them for support which renders their deferment advisable, and (2) of those men found to be physically, mentally, or morally deficient or defective. No deferment from such training and service shall be made in the case of any individual except upon the basis of the status of such individual, and no such deferment shall be made of individuals by occupational groups or of groups of individuals in any plant or institution.

(f) Any person who, during the year 1940, entered upon attendance for the academic year 1940-1941—

(1) at any college or university which grants a degree in arts or science, to pursue a course of instruction satisfactory completion of which is prescribed by such college or university as a prerequisite to either of such degrees; or

(2) at any university described in paragraph (1), to pursue a course of instruction to the pursuit of which a degree in arts or science is prescribed by such university as a prerequisite;

and who, while pursuing such course of instruction at such college or university, is selected for training and service under this Act prior to the end of such academic year, or prior to July 1, 1941, whichever occurs first, shall, upon his request, be deferred from induction into the land or naval forces for such training and service until the end of such academic year, but in no event later than July 1, 1941.

(g) Nothing contained in this Act shall be construed to require any person to be subject to combatant training and service in the land or naval forces of the United States who, by reason of religious training and belief, is conscientiously opposed to participation in war in any form. Any such person claiming such exemption from combatant training and service because of such conscientious objections whose claim is sustained by the local board shall, if he is inducted into the land or naval forces under this Act, be assigned to noncombatant service as defined by the President, or shall, if he is found to be conscientiously opposed to participation in such noncombatant service, in lieu of such induction, be assigned to work of national importance under civilian direction. Any such person claiming such exemption from combatant training and service because of such conscientious objections shall, if such claim is not sustained by the local board, be entitled to an appeal to the appropriate appeal board provided for in section 10 (a) (2). Upon the filing of such appeal with the appeal board, the appeal board shall forthwith refer the matter to the Department of Justice for inquiry and hearing by the Department or the proper agency thereof. After appropriate inquiry by such agency, a hearing shall be held by the Department of Justice with respect to the character and good faith of the objections of the person concerned, and such person shall be notified of the time and place of such hearing. The Department shall, after such hearing, if the objections are found to be sustained, recommend to the appeal board (1) that if the objector is inducted into the land or naval forces under this Act, he shall be assigned to noncombatant service as defined by the President, or (2) that if the objector is found to be conscientiously opposed to participation in such noncombatant service, he shall in lieu of such induction be assigned to work of national importance under civilian direction. If after such hearing the Department finds that his objections are not sustained, it shall recommend to the appeal board that such objections be not sustained. The appeal board shall give consideration to but shall not be bound to follow the recommendation of the Department of Justice together with the record on appeal from the local board in making its decision. Each person whose claim for exemption from combatant training and service because of conscientious objections is sustained shall be listed by the local board on a register of conscientious objectors.

(h) No exception from registration, or exemption or deferment from training and service, under this Act, shall continue after the cause therefor ceases to exist.

Senator REYNOLDS. Now, Senator Murray, would you be good enough to state the objectives of the bill and provide the committee and those in attendance and those that are to be heard as witnesses with any information that you deem necessary?

Senator THOMAS of Utah. I wonder if Senator Murray would be willing to read section 5 of the bill first.

Senator MURRAY. Section 5 (a) of the act of 1940, to provide for the common defense by increasing the personnel of the armed forces of the United States and providing for its training, reads as follows. (See preceding text of sec. 5.)

Senator SCHWARTZ. Senator, may I interrupt you just a moment?

Senator MURRAY. Yes.

Senator SCHWARTZ. I was just wondering whether it was necessary to require you to read that whole section.

Senator MURRAY. It is a good long section.

Senator SCHWARTZ. The amendment that you offer is a new paragraph to section 4 (a) of the bill, on page 3, and the other amendments that you offer are amendments to paragraph (d) at the bottom of page 4 of the printed bill.

Senator MURRAY. That is right. I think I have read enough to—

Senator SCHWARTZ. Mr. Chairman, I wonder if the Senator desires to first take up the amendment proposed to section 4.

Senator REYNOLDS. I assumed the Senator was going to.

Senator MURRAY. I have a brief statement here covering the general purposes of the legislation. I don't discuss the provisions of the bill especially, but I wish to first cover the general objects to be attained by this legislation. During the course of the hearings witnesses will discuss the provisions of the bill.

Senator REYNOLDS. In view of the fact that the Senator read into the record section 5, I assume that he proposes to return to section 4, which is made mention of on page 1 of S. 783, in the third line, "that section 4 of the Selective Training and Service Act of 1940 is hereby amended by adding at the end thereof the following new subsection."

Senator MURRAY. Section 4 is brief. I will read that. [See preceding text of sec. 4.]

Senator SCHWARTZ. Did I understand you to say a moment ago that, for the printed record, it might be well to now incorporate the amendment to that section into the record?

Senator REYNOLDS. The reporter will insert it at this point.

(The first section of the proposed amendment is as follows:)

"(c) Any individual selected for training and service under this Act (1) who is a graduate of a medical school and is eligible as such a graduate for the examinations given by the National Board of Medical Examiners of the United States, or who was so eligible at the time of his graduation, or who is a graduate of a school of dentistry, or holds a degree of doctor of dental surgery or doctor of dental medicine; and (2) who holds a valid license to practice medicine, surgery, or dentistry in any State, Territory, or possession of the United States, or the District of Columbia, and is engaged in such practice at the time of his selection; and (3) whose physical and mental fitness for such training and service has been satisfactorily determined, shall, in lieu of induction into the land or naval forces of the United States for such training and service, be commissioned an officer in the Medical Department Reserve, Officers' Reserve Corps, and ordered into the active military service of the United States, as provided in the joint resolution approved August 27, 1940."

Senator MURRAY. Mr. Chairman and gentlemen of the committee, this bill, S. 783, which is before you for consideration today, proposes to amend the Selective Service and Training Act of 1940 in a manner vital to our national defense program. The Selective Service and Training Act of 1940, as it stands, makes no differentiation among the selectees in regard to their qualifications or their service in the armed forces. In other words, all selectees under the act are on equal footing, and, regardless of their particular training or skills, are subject to induction into the service as ordinary privates. Under such operation of the law, the Nation is in danger of losing the benefit of the special skills and services of the medical and dental professions. Such consequences must be prevented and the act must be so administered as to utilize to the fullest degree these professions for the benefit of the armed forces, as well as for the Nation as a whole.

It seems manifest, therefore, that the Selective Service and Training Act should be amended so as to provide the necessary machinery for the conservation and utilization of these essential skills.

The bill now before us for consideration, S. 783, is intended to accomplish this result. In the last World War, no provision was contained in the Draft Act to provide for this situation; and as a result, I am told that men well trained in these professions were inducted into the armed forces and served as ordinary privates, losing to the Army and to the Nation their valuable skills; while, at the same time, an extreme shortage of such skills existed both in the Army and in the Nation, to the great confusion and detriment of the Army and the country as a whole. This amendment which I am proposing establishes, in the law itself, the requirement that all graduate physicians and dentists who are called into the service of the country under the present law will be permitted to serve the Nation to the fullest degree as medical and dental officers.

It also guarantees the uninterrupted supply of medical and dental personnel by requiring that all men in training for these professions shall be permitted to continue their training until they are qualified for service as such medical and dental officers. The same is true with regard to hospital internes and resident physicians and surgeons, and hospital dental internes and resident dentists, as well as teachers at medical and dental schools. In other words, these medical and dental students, hospital internes, and resident physicians of the country are exempted from training and service under the Selective Service and Training Act of 1940, thus maintaining a reserve of doctors and dentists for service in the armed forces as they may be required.

This bill S. 783 also provides that any medical or dental students who have heretofore been inducted into the land or naval forces of the United States for training and service under the Selective Service and Training Act of 1940, who come within the provisions of this amendment to that act, shall be discharged from such forces and given commissions and ordered into the active military service of the United States. This bill would result, therefore, in requiring the armed forces of the Nation to utilize the services of these doctors and dentists in their professional capacities instead of as mere privates.

Under this bill which I am proposing, students, internes, and members of the resident staffs of hospitals, both medical and dental, will be allowed to complete their training without interruption. All these

institutions for the training of doctors and dentists will be permitted to continue their activities, supplying to the Nation in adequate numbers doctors and dentists available for service to the armed forces and civilian population of the Nation. This is the logical way of meeting the demands of total warfare and is in full accord with the intention of the Congress in enacting the Selective Service and Training Act of 1940.

Graduate physicians and dentists who are called in the draft will enter the Medical and Dental Reserve Departments of the armed forces, if they fulfill the qualifications outlined in the first section of this bill, and are found physically and mentally fit. This, and the deferment provisions, guarantee to the Medical and Dental Reserve Departments a steady and adequate supply of well-trained graduate physicians and dentists. The remaining physicians and dentists will be left behind in civilian life to supply the populace with essential medical and dental care. The health of all will thus be more effectively provided for.

The history of the use of medical services in wartime is a long and interesting one. The need for adequate medical and dental care for the military forces has long been recognized. An army depends as much on its doctors as on its stomach. And now, with the advent of total war involving civilian populations, the need for competent medical and dental care is extended still further.

In the last war, grave errors of omission were made by all the belligerents in the use of the medical and dental professions. Great Britain and France found their hospitals understaffed, since students and internes were at the front. Late in 1917 the situation had not yet righted itself, and the need for doctors became extreme. In September 1918, at the height of the drive which finally defeated the German armies, all medical students in the British Army were called back home to complete their studies.

In the United States, shortly after the draft went into effect, hospital service and medical and dental schools were seriously disrupted. Internes had volunteered for the Medical Corps, and many medical and dental students had been called into Army service. It appeared that the same chaos which had occurred in Great Britain and France was certain to occur here. Then, late in 1917, an order from the President of the United States, by virtue of his authority under the Selective Service and Training Act of 1917, placed all students drafted into the Medical and Dental Reserves on leave to complete their studies. The dilemma was thus partially solved, but even in 1919, hospital service in the United States was still badly disorganized.

In this war the countries of Europe have not repeated their mistakes. Great Britain has been careful to see that no medical students are drafted, and that all doctors, as far as possible, are kept in civilian practice. Germany has even gone so far as to call back non-Aryan physicians, under special promises and inducements, to provide medical service.

In the United States, however, the situation is still unclear, and already disorganization has begun in many hospitals. The prospect at the moment is that when the statutory provision keeping students in schools expires on July 1, 1941, many medical and dental students will be called into training as privates.

There can be little argument about the undesirability of such results. It endangers the health both of our armed forces and the civilian population as well. It is incompatible with a maximum effort for national defense. It is an unconscionable waste of national resources. It takes weeks to make a bomber, months to make a long-range gun, several years to make a battleship—but it takes no less than 5 years to give a man the barely adequate training to become a doctor useful to the Nation. And as medical and dental services to the people increase, even this long time has become too short, and 6 and 7 years are needed to turn out a really finished medical or dental practitioner. We who have so emphasized the problems of production or armaments must recognize the unique nature of this problem of adequate medical service.

Is legislative action on this question necessary and desirable? Well, the provision of the Selective Training and Service Act relating to persons who may be essential to national defense is clear. It is intended that such persons, who by nature of their employment and occupation, are needed at their jobs, should be deferred at least until some change has occurred in their status. The regulations promulgated by the National Director of the Selective Service System also included such provision and amplified the intentions of the act to make clear that professionals were included.

Nonetheless, throughout the country, doctors in training are being drafted. They have, for the most part, applied for commissions in the Medical and Dental Reserve Corps, but in many cases these commissions have been withheld, and these well-trained physicians and dentists are being required to serve as trainees. Meanwhile, both the armed forces and the civilian population have been deprived of their services.

Medical students and dental students throughout the country have been classified by the draft boards, and partial surveys have disclosed that the vast majority of them have been designated as available for duty at the end of this year. Unless extensive reclassification is made, this will mean that beginning in 1942, the number of physicians and dentists completing training each year will be drastically reduced. At the present time, the medical schools of the country are providing 5,200 medical graduates each year. It is understood that the Army will require 3,300 doctors each year for the next 5 years. This would leave the country without full adequate medical service, even though no students are drafted. In addition, hospital and clinic service, which depend to a large extent on students and internes, will be most seriously handicapped. This is what happened to every belligerent in the last war.

Ever since early last fall, appeals have been made to the National Director of Selective Service for some clarification of this problem. Numerous investigations and surveys have been made. The problems have been extensively examined. The result was an announcement by the Selective Service System that it could do nothing at all, and that effort should be made to educate the local boards. It seems clear on the face of the matter that the local boards should not be open to pressure from any group, regardless of the merits of its cause. And, no matter how willing and sincere the local boards may be, we know that already the intention of the Congress has been overlooked, and medical and dental skill essential to the defense of the Nation is being wasted.

This is an important matter of national policy. It should be decided by the Congress. It is so intimately bound up with the major issues facing this Nation today that we cannot afford to allow the matter to be handled in any manner that will not guarantee the utmost efficiency in the defense of the Nation. The means most uniform, and most in keeping with our democratic tradition, is not "education" or pressure, but direct legislative action by the Congress. This is the only way this confusion can be corrected.

It may be charged that this proposed legislation is motivated by the self-interest of the medical and dental professions. Ignoring the fact that such an argument does not go to the merits of the bill itself, it is also a gratuitous insult to professions which have long given unstintingly of their services to the Nation. Medical training is long and arduous, and in many ways more severe than any trainee will encounter in the armed forces. It continues for many years, with a severe drain on the financial and physical resources of the young physician or dentist. It can hardly be considered a merely selfish motive for a man to wish to continue such training so that he may better be prepared to serve his country.

Next, it cannot be charged that it constitutes an opening wedge through which many pressure groups may seek exemption from the draft. Exemption is not sought. It is intended merely that these men be deferred so as to complete their medical training and thus supply an increasing demand by the armed forces. In that way they can best serve the Nation.

It is contended that this problem can be handled by the individual draft boards. This will mean that pressure must be brought on the boards to exempt such students and doctors, both by the students and by organized medical groups. This type of pressure is surely undesirable. And what does the bill under consideration here propose? It proposes a national solution of the problem by taking the matter out of the hands of pressure groups. It proposes the greatest possible safeguards for our national health and national defense. It proposes, finally, that this matter be decided by the elected representatives of the people, in the most democratic way possible under our Government. No one has yet charged that the purpose of this bill is undesirable.

We are all enlisted in this great program of national defense. It is our sacred trust to see that that defense is the best that can possibly be provided. The present situation in the medical and dental professions is fraught with serious dangers to our country.

The public has shown its approval of this bill in many ways. They want the procedure necessary to take care of this situation fixed in the law itself. In this connection, I wish to have inserted in the record at this point an editorial which appeared in the Washington Post of March 8, 1941. I have that editorial here, which discusses the situation and presents a splendid argument in favor of the bill. I ask that that be included.

Senator REYNOLDS. I suggest, Senator, that you read that editorial into the record, because I am sure the Senators who are here and those interested in this matter would like to get the point.

Senator MURRAY. This is taken from the Washington Post of Saturday, March 8, 1941:

The question of deferring conscription for professional men is due for a thorough going-over when the Senate Committee on Military Affairs takes up the Murray

bill. Senator Murray has proposed to amend the Selective Service Act so that medical and dental students, internes and residents may be guaranteed a chance to complete their training. At present the responsibility rests entirely upon the local Selective Service Boards, and that is where the national headquarters of the Selective Service System insists it should be. The trouble is that local board members are inclined to doubt that they can take the responsibility for deferring conscription of any large groups. In Washington most board members interviewed agreed that it is in the national interest for medical men to complete their training, but did not believe that local officials should provide the deferment under present regulations. Some were strongly in favor of an amendment to the Selective Service Act.

The Post pointed out the dangers of blanket deferments when Mayor LaGuardia asked selective service headquarters to intercede for New York police and firemen. In that and all other instances national officials of the draft have maintained a commendable impartiality. They rightly fear that exemptions for one calling would inspire pressure on behalf of many others. But the question of medical men is not settled so simply. There is bound to be a depletion of doctors for the civilian population through the use of physicians by the armed forces. According to an official of the United States Public Health Service the Army employs so many more physicians per person that for every doctor taken into the service five or six civilians are in effect deprived of medical service. Already, hospitals are reporting a shortage of internes. Arguments for deferment could be concluded from the observation of the Federal Security Agency. The health and medical committee of this body has stressed the importance of a continuance supply of new doctors. The subcommittee on medical education, also, believes that present teaching facilities will suffice if students now registered are allowed to continue. We may thus infer some misgivings as to what would happen if large numbers of medical students were called to the colors.

The Murray bill, of course, must stand on its own merits, and the specific opposition of Secretary of War Stimson and national Selective Service officials should be given proper weight. Hearings on the measure promise the only good way to date of threshing out a problem of interest to the country at large. In this connection it may be hoped that no effort will be spared to determine the attitude of those in the best position to know the situation, namely, the local boards.

Similar editorials and special articles have appeared in newspapers throughout the country, demonstrating a wide demand for this legislation.

This bill may need amendments of a character which may more specifically carry out its intention, but the merits of this proposed legislation can in no manner be questioned. The justifications for the enactment of this legislation are so clear, so important to the national health and well-being, and of such vital importance to our program of national defense that the case for its enactment is overwhelming. This will become clearer as the more detailed and factual testimonies are brought out during the hearings.

That is the conclusion of my statement, gentlemen. I thank you for hearing me.

Senator REYNOLDS. May I ask the Senator if he cares to make any extemporaneous remarks in addition to the prepared statement which he has been so good as to read to us?

Senator MURRAY. Any further remarks I might make would constitute a mere rehash of statements that will be presented to the committee by competent witnesses during the course of these hearings.

I might say that I have been in touch with the medical profession and representatives of the hospitals of the country as well as internes, and resident physicians and have been furnished by them with detailed information regarding the actions of the local boards in handling this situation. It appears clear to me from what information I have

obtained that, unless legislation of this kind is enacted, we will find a very serious condition developing in this country with reference to the medical and dental professions. There will be a scarcity of doctors and dentists, not only in the Army but in the Nation as a whole, because there is no question but what they are now being inducted as mere trainees into the armed forces.

Senator LODGE. Do you know how many, Senator, have been taken in?

Senator MURRAY. Data on that will be presented to you during the course of the hearings. I haven't the figures right at my fingers here, but I know that there are a number of cases, a great many cases, of that kind occurring all over the country.

Senator LODGE. A great number of cases in which doctors are drafted into the combat branches as privates?

Senator MURRAY. I wouldn't say about a great number of doctors but I am thinking about interns and students.

Senator LODGE. Students being drafted, not into the Medical Corps?

Senator MURRAY. Not into the Medical Corps, but in as mere trainees.

Senator LODGE. Yet there is a great shortage of enlisted men in the Medical Corps.

Senator MURRAY. Yes. That existed in the last war also. I talked to dentists a year ago, and they told me then that we were going to witness the same situation in this country in the present situation unless some precautions were taken to prevent it from recurring, and these dentists told me that they knew of scores of men of their own acquaintance who served in the last war as mere privates. I think there is no question but what the testimony that will be presented here will establish the truth of what I am telling you.

Senator REYNOLDS. We are very much obliged to the Senator.

I understand that the Senator has here today a number of witnesses who desire to testify in favor of this proposed bill. I will read the names of them: Dr. Morris Fishbein, of the American Medical Association; Dr. C. Willard Camelier, American Dental Association; Dr. Claude W. Munger, American Hospital Association; Mr. Morris F. Griffin, of the American Hospital Association; Dr. Richard Lippman, chairman of the Committee on National Health Defense; Dr. Thomas Perry, chairman, Association of Medical Students; and Dr. Wayne Baker, Association of Medical Students.

Does that cover the list?

Senator MURRAY. That is the list that we have here this morning.

Senator REYNOLDS. If it is satisfactory to the Senator, we will call Dr. Fishbein first.

Senator MURRAY. I was going to say that some of these witnesses that we will have will propose certain amendments to the bill as I have formulated it, and I have no doubt but what it will be made to appear that appropriate amendments clarifying some provisions should be considered.

Senator REYNOLDS. Does the Senator wish Dr. Fishbein as his first witness?

Senator MURRAY. Dr. Fishbein will be the first witness; yes.

STATEMENT BY DR. MORRIS FISHBEIN, EDITOR, JOURNAL OF
THE AMERICAN MEDICAL ASSOCIATION

Senator REYNOLDS. Dr. Fishbein, if you will be good enough to sit over here——

Dr. FISHBEIN. I think, Mr. Chairman, that I prefer to stand in talking. I can talk better standing.

Senator REYNOLDS. Most of the members of the committee know the doctor; at least, if they haven't had the pleasure of meeting him personally, they have read about him.

Dr. FISHBEIN. I perhaps had better first qualify myself, in order to speak on this subject, as editor of the Journal of the American Medical Association, as a member of the committee on medical preparedness of the American Medical Association, and as a member of the executive committee of the Division of Medical Sciences of the National Research Council, which is also charged with having to do with certain duties relative to standardizing medical military procedures.

In the last war, as everyone knows, the medical profession contributed a considerable number of physicians who volunteered freely of their services, and, as everyone knows also, there was not a preliminary 5-year training program contemplated, so that the conditions at this time represent something quite different from what prevailed at the time of the last war.

We have now in mind a preliminary training program involving the training of approximately 1,000,000 men each year for a period of 5 years. We have in connection with that a Selective Service Act which provides for the deferment as a group only of the clergy, but which has provided also that medical students and students in schools of science may be deferred until July of this year, at which time their status will again be considered under the Selective Service Act.

In connection with the development of the selective service boards, of which there are something over 6,000 in the United States, the medical profession was required to furnish one physician, who volunteers his services, giving these services without any remuneration, to all of the 6,000 and over selective service boards. In addition to that there are medical appeal boards in each of the individual States containing on each board anywhere from 5 to 12 specialists, some of them dividing up the work, so that again the medical profession was called upon for something over 1,000 additional physicians to provide services on such boards.

In the induction boards associated with the United States Army Medical Corps at 100 different centers in the United States there are to be set up groups of specialists so that the man who is ordered into service by his selective service board will come before an induction board containing 12 specialists, and inasmuch as the United States Army Medical Corps itself is finding some difficulty in staffing these induction boards with competent specialists, it was again necessary for the medical profession to provide a considerable number of physicians to serve on these induction boards, mostly part-time service, so that you see already there has been a considerable draft upon the services of civilian physicians in connection with the necessities of the Army for the selective service program.

Now, very early in June of last year the American Medical Association was approached by the United States Army and Navy Medical Corps, and requested by them to consider some plan, the development

of some procedure, hereby medical men would be provided for the needs of the armed forces and whereby at the same time proper provision could be made for taking care of the civilian community, and taking care as well of the special needs of speeded-up industry, which constitute at this time a very serious program in the United States.

In order to meet this request from the United States Army and Navy Medical Corps, the American Medical Association constituted the Committee on Medical Preparedness, and this committee sent at once to the entire United States, to every physician in the country, 179,000, a questionnaire, on which they were asked to state every possible qualification involved in connection with their work, both as physicians and as citizens and members of the community in the field of public health and in similar capacities, to state any specialties for which they were particularly fitted, and already something over 155,000 of those questionnaires have been returned and each physician in the country is now classified on a punch card system on which there are 82 different points covering the qualifications of every physician in the United States, so that at any time we are able now to supply the Army and Navy Medical Corps as they may require it, through recommendation of men who are especially fitted to meet those needs.

However, we are also approached by the fact that there exists at this time a supply of physicians coming from a certain fixed source, namely the medical schools of the United States. We do not count particularly on the medical schools in foreign countries to supply any considerable number of immigrant physicians.

We have in the United States at the present time approximately 76 medical colleges, of which 66 are recognized to be first-class medical schools, 10 giving only the first 2 years of medicine, one giving only the last 2 years of medicine. There are in addition—

Senator REYNOLDS. May I interrupt you there? How many students are there in those colleges that give the last 2 years of medicine?

Dr. FISHBEIN. Something between twenty and twenty-five thousand medical students. There are 5,000 students for each year, approximately 5,200 students graduate each year in medicine, so that in the medical schools entirely there are between twenty and twenty-five thousand medical students.

In addition to the 66 so-called class A medical colleges and the 10 medical colleges which give only the first 2 years and the one which gives only the last 2 years, there are 3 medical colleges in the United States which do not represent what we call in the medical profession a class A medical school, so that at once I would be opposed to that portion of the bill which would recommend that all medical students be as a class exempted.

I make this statement simply because it would not be possible to recommend to the United States Army and Navy Medical Corps that physicians who were not considered properly qualified physicians throughout the United States should be recommended for exemption, or given commissions in the United States Army and Navy Medical Corps.

The question has then arisen as to how it might be possible to arrange for exemption of medical students and at the same time to make certain that only well-qualified men were exempted. Everything must naturally rest on the definition of what constitutes a medical student and what constitutes a medical college. I think it should be

clear that it would become quite possible for anyone, if such a blanket exemption existed, to organize a medical school almost with the purpose of obtaining exemption for men who might qualify for entrance into such a school.

There exists, however, in the United States, a system of State licensing boards, whereby each of the individual States in the United States is engaging in the licensing of physicians to practice as doctors of medicine. It has therefore occurred to me that in that section of the bill in which exemption is provided for students of medical schools, that the medical schools in that section of the bill might be limited, not by reference to any extralegal board of any type, or not by reference to any licensing of medical schools, which are not, of course, legally or represented definitely as parts of the Government, either of the States or counties, but to recommend exemption—not exemption, deferment—of medical students in schools of medicine whose graduates are eligible to appear for licensure as doctors of medicine in a majority of the States of the United States. That would automatically by itself, eliminate all fly-by-night schools of medicine, all schools of medicine which did not properly qualify their graduates for commissions in the United States Army or Navy Medical Corps.

The reason I make that statement is, of course, that the three medical schools to which I refer are entitled to present their graduates for licensure of doctors of medicine only in the three individual States in which those schools exist. That is to say, the students of one school may appear only in the State of Illinois in order to secure a license for examination to practice medicine, the students of another school may appear only in the State of Massachusetts and are not entitled to appear in any other State in the United States, and the students of the third school, I believe, may appear only in the State of Arkansas in order to appear to qualify for a license as a physician.

Senator LODGE. Have you drafted language for an amendment to this bill?

Dr. FISHBEIN. I have drafted that and will present to each member of the committee a recommendation of the bill redrafted in form to cover that particular point.

Now then, addressing myself to the next section of the bill, I could continue at considerable extent but I do not care to take the time of the committee for this particular function, and there are several other aspects of the bill which I believe should have consideration.

I would turn next to the question of deferment of internes in the hospitals of the United States. We have in the United States at the present time approximately 6,500 hospitals. These 6,500 hospitals include a total of approximately 6,100 hospitals which are recognized by the medical profession, by the American College of Surgeons, by the American Hospital Association and similar groups as suitable hospitals. There are in the United States approximately 400 hospitals which conduct their affairs in such a manner as not to be considered qualified institutions or even perhaps institutions capable of being depended on in any manner in relationship to their business or other qualifications. There are among the 6,100 hospitals which are included on the registry of approved hospitals approximately 800 hospitals which have been recommended by the Council on Medical Education and Hospitals of the American Medical Association as hospitals suitable for the training of interns. In those hospitals the qualifications of the institution as a hospital, the total number of beds, is

taken into consideration; the laboratory facilities, the library, the quality of the staff, the willingness of the staff to engage in the teaching of young men in order to make them ethical practitioners of medicine, and all such similar factors are taken into consideration, so that something over 800 of these hospitals have been approved by the Council on Medical Education and Hospitals of the American Medical Association as places suitable for the training of internes.

However, we would not wish to limit deferment of internes exclusively to these 800 hospitals. We would prefer that the selection of a man as an intern for deferment would be determined not on the basis of his position in a hospital as an interne, but on his qualifications eventually to make him eligible for commission as a physician in the United States Army and Navy Medical Corps. It would therefore be the rule that an interne in a well-recognized hospital might be recommended for deferment—only deferment—to his Selective Service Board, provided that he was a graduate of a medical school whose graduates would be considered to be eligible to appear for licensure as doctors of medicine in a majority of the States of the United States.

I cannot too much emphasize in my own mind the necessity for qualification of these young men before deferment, simply because I believe that everyone would agree that it would not be fair to the fathers and mothers of the United States to have their sons taken from their home State, whether that State be Massachusetts, New York, Illinois, or any other State, and sent perhaps to Arizona or New Mexico or California or Utah or some other State, and there, in that State, be subjected to the attentions of a physician who would be less qualified than the physicians in their own home States. Therefore it would certainly be reasonable to ask that when any young man is drafted from the State of Illinois or Missouri, and sent to Arizona or New Mexico, that the physician who takes care of him in the United States Army Medical Corps be a man at least as well qualified as the minimum requirements which his own State may ask in relationship to licensing a physician.

Proceeding, then, to the next point in the bill, which has to do with the residents in the hospitals, in order to understand the situation as relates to residents, I may say, in explanation, first of all, that in order to qualify nowadays in the United States for practice in a specialty of medicine in the fullest regard, a young man must first complete his college education, which in many instances is the 2-year minimum of premedical education, but in the majority of cases is now 3 or 4 years of college education preceding medical education.

The young man then has 4 years of medical education in a well-recognized medical school. He then has from 1 to 1½ or 2 years of internship in a hospital approved for internship.

I may say in this connection that should it be deemed desirable to defer young men during the period of their internship, that many of the hospitals and the medical profession as well would be willing to recommend to the hospitals of the United States that the general rotating internship, which should qualify a man for general practice, be abbreviated in all instances to a single year of internship, so that a young man might not defer his internship, as some young men have done, to 2 years or 3 years or 4 years. It is obviously necessary to limit the internship itself in order to avoid injustice and lack of equity in this matter, and therefore the recommendation would be

made that the young man be deferred only for 1 year of an internship, not for a year and a half or 2 years or 3 years of internship.

We come, then, to the residents. If a young man wishes to qualify nowadays in the United States as a specialist in medicine, in surgery, in otolaryngology, ophthalmology, diseases of the skin, nervous system, or any other branch, he must have a certain minimum of years of actual training in that specialty in a well-qualified hospital, research institution or similar place of education, and that qualification may require from 3 to 5 years. I may say at this time that due to the conferences which have been held between the Committee on Medical Preparedness of the American Medical Association and the Army and Navy Medical Corps, we would not consider it desirable to recommend a deferment of residents. It is our belief that there would be enough young physicians who might not be called by the draft in a given year to fill the necessary positions as residents in the residences that are available, and furthermore, it might be possible, inasmuch as the United States Army Medical Corps is expanding the total number of beds available in military hospitals by more than 170,000 beds in the United States, it should be possible in these United States Army beds to provide the young man with a medical staff and with a service which can be accepted by the certifying boards in the specialties as the equivalent of a year, two years, or three years of service in a hospital, and that that one year in a military or naval medical hospital should qualify the young man then to appear as 1 year of his qualification for certification in a specialty.

Then, moving on from the residents, we have taken up, I believe, the medical students, the internes, and the residents; we have next to turn to section 4 of Senator Murray's proposed amendments, and I may say in regard to section 4 that it gave us far more concern than any other portion of that bill as we considered it, primarily because here we are dealing not with young medical students, but with graduates of medical schools, with men who are actually in the practice of medicine in the United States and who might be drafted.

Now it has been said, I believe, here previously, or perhaps in the press on some of these discussions, that medical students are being drafted. I do not believe that any medical students in well-recognized medical schools have yet been drafted, because these students under the present Selective Service Act are deferred until July, when their status will be considered.

Senator LODGE. Could we get a definite statement from the War Department on that?

Senator REYNOLDS. I understand General Hershey is here representing the War Department.

Senator LODGE. Senator Murray said there was, and Dr. Fishbein says there wasn't.

Senator MURRAY. What I intended to say was that they were being classified.

Dr. FISHBEIN. They are classified and deferred merely until July.

I may say, however, in full explanation of the statement made by Senator Murray, showing its full justification, that I have personal information from Dean Dorst of the University of Cincinnati school of medicine that 133 of the 300 medical students in that medical college have been deferred until July, have been called up and have been deferred until July, and that there exists in that particular medical institution at this time a state of jitters among the young medical

students that will seriously interfere with the quality of medical study that they can carry on. I believe that statement is warranted for many reasons.

I may explain the situation around Cincinnati by the fact that that is an industrial area in which a great many men have been deferred by local draft boards, or have been put in class 1-B by the local draft boards, because they are engaged in essential industries and their deferment is permitted under the present selective-service law. A great number of young men so working and so deferred threw an excessive burden on the number of medical young internes and students called up, so that in that particular area, because of the industrial situation, a considerable number of students have been called up, and I say again with certainty that that condition exists very largely in a few areas.

I would not be fair to the situation if I did not say also that in some sections of the United States, notably in New York, the matter has been solved, the matter of deferment of medical students has been solved, by an arrangement which was made between representatives of the medical colleges and hospitals and representatives of the selective service agency in that area. However, you can see that that is wholly a voluntary arrangement entered into by that particular group in the State of New York and in New York City, and I may say also with confidence that a similar arrangement does not exist to my knowledge in any other part of the United States.

Senator SCHWARTZ. And that arrangement is probably without warrant of law.

Dr. FISHBEIN. I believe that is a voluntary arrangement. I am not enough of a lawyer to know whether it is by warrant of law. I merely say that I know that that is the situation and I know also that it has been suggested in some quarters that a similar situation be attempted in other parts of the country but again I agree with Senator Murray that any failure to recognize the situation which is rapidly developing and which might develop after July, provided no definite action were taken in this regard, could constitute a menace to the health of all of the people of the United States.

Great Britain, as Senator Murray has told you, has arranged to defer its medical students until they are eligible for commissions in the medical corps of its army and navy. The Rockefeller Foundation has recently arranged, because of the destruction of two British medical schools by bombing, to bring to the United States 50 British medical students who will be educated in medical schools of this country and returned to Great Britain in order to be used by the armed forces of Great Britain.

I may say in that connection that there have already been indications, very strong indications, that Great Britain is short of physicians for its legitimate needs, and will require the aid of American physicians who will volunteer and for whom arrangements might be made, under proper circumstances, to give of their services to the British armed forces, and also incidentally to give of their services to the British civilian population.

The speeding up of industry which has taken place in Great Britain threw tremendous demands on their medical profession. The Minister of Health and the Minister of Labor in Great Britain have made it mandatory on every industry employing more than 300 men to install an industrial medical department with a full-time or part-time physi-

cian. There are already indications that we here in the United States will require between five and ten thousand industrial physicians, especially trained in that work, to meet the needs of speeded up industry.

We actually have in the United States not more than 1,000 well qualified industrial physicians, and it might require a considerable period of time to train additional men. I believe that the United States Public Health Service has a request before the Congress for an additional appropriation, part of which is to be used in the setting up of a training center for industrial physicians.

The demand for extra physicians in the areas around cantonments, in the areas around the new great industries that have been developed, to take care of the new type of civilian population that is growing up, badly housed, in many instances not properly cared for, is another problem that comes very close to this problem of maintaining the supply of physicians, and by that I mean well-qualified physicians, in the United States.

Now then, we come to the question of a graduate physician who happens to be selected by the board and who has not previously volunteered his services to the United States Army or Navy Medical Corps so as to be put in the Reserve Corps and available for service. We have an entirely different question. I may say in this connection that this jitters of which I spoke previously may occur to a medical student or interne as well as to anyone else, perhaps even more in some instances, causing many of these young men to drop their courses and to enlist voluntarily, if possible, in order to get what might be called a reasonable assignment which they would not get should they happen to be drafted before they had volunteered, because there are some instances—I won't say how many, I don't believe anyone knows how many, but there are some instances—already in which physicians have been drafted and have been put in the line in service until they could get to the time when they could make suitable application for a commission in the Reserve Corps. However, even that is wholly voluntary with the United States Army Medical Department and with the General Staff, and it may require from 3 to 4 months after a physician is drafted before he could appear for examination in order to secure a commission in the United States Army or Navy Medical Corps.

It therefore should be possible to make some arrangement that when a well-qualified physician is drafted by his local draft board, he might be given permission to appear promptly for a commission in the United States Army or Navy Medical Corps, provided he is qualified in other ways, as is listed in Senator Murray's original draft, as a citizen, as a man who is physically and mentally fit, as a man who is a graduate of a well-qualified medical school, eligible to appear for licensure for a license for the practice of medicine in a majority of the States of the United States.

I believe it would make a great mistake to attempt to make it mandatory—I cannot conceive anyone would—to automatically commission any man as a physician in the United States Army or Navy regardless of the school from which he would graduate, and there is one section of this bill, as now written, which would automatically require the United States Army and Navy Medical Corps to give such a man a commission provided he was found by his local

draft board to be a citizen, and to be physically and mentally fit under the selective-service law.

Therefore, with some consideration with my associations in the American Medical Association, with the committee on medical preparedness, and with others, I have attempted to develop a revision of that portion of the proposed amendment to section 4 which will fully cover that possibility by making it merely possible for that man to be deferred if he is otherwise eligible until such time as he shall be given this examination for a commission, and if given the commission as an officer in the Medical Reserve Corps of the United States Army or Navy, to place him then in class 1-B until he shall be called into service, but if not qualified for a commission, that he shall then be inducted into active military service, because the fact that he is unable to qualify should make him at once in the same general grade as any other man who might be called up.

When we look at the future of medicine in the United States during this 5-year period, and it is with this that I conclude, let us see the situation that now confronts us, and makes an emergency—

Senator REYNOLDS. The Colonel has just brought to my attention here a release from the War Department under date of February 1, 1941, making mention of the fact that a young gentleman who was practicing medicine in Manila and volunteered, was immediately assigned to the Army to 1 year's service with the Medical Corps. I understand that you oppose the mandatory provision of the bill, and that you therefore—

Dr. FISHBEIN. I will read you section 4 as originally stated.

Senator REYNOLDS. I think at this point, in view of the fact that you have mentioned your opposition to the mandatory feature, it will be well to insert in the record this release of the War Department, in reference to the War Department's having granted a commission as first lieutenant to this physician who had practiced in the islands. (The release of the War Department is as follows:)

War Department, Public Relations Branch

[Immediate release, February 1, 1941]

FIRST SELECTEE GAINS COMMISSION

The War Department announced today the appointment of Private Ogden Delmar Pinkerton, Company A, Schofield Barracks Reception Center, Territory of Hawaii, as a first lieutenant in the Medical Corps Reserve and his immediate assignment to active duty with the Regular Army for 1 year.

Lieutenant Pinkerton is the first soldier who entered the military service under the provisions of the Selective Service Act to become an officer.

Prior to entering the Army, Lieutenant Pinkerton, who lived at 2552 Manoa, Honolulu, T. H., had practiced medicine in Honolulu for 3½ years. He was born in Lowell, Ind., on May 19, 1913, and was graduated from the University of Indiana in 1937 with the degrees of bachelor of science and doctor of medicine. While at the university Lieutenant Pinkerton served in the infantry unit of the Reserve Officers Training Corps. Later he served for 2 years as an enlisted man in the Medical Corps of the National Guard of Indiana.

Soon after graduation he went to Honolulu to practice medicine. His brother, Dr. Forrest J. Pinkerton, is also practicing medicine in Honolulu, and Lieutenant Pinkerton has been associated with him, specializing in matters pertaining to the eye, ear, nose, and throat. He spent several months in general practice on the Island of Maui and took post-graduate work in the School of Ophthalmology at the University of Pennsylvania.

When the Selective Service Act was passed, Lieutenant Pinkerton registered with his local board in Honolulu and on December 9, 1940, was inducted into serv-

ice and assigned to duty as a private at the Reception Center, Schofield Barracks. He recently appeared before a board of medical officers, who recommended that he be commissioned a first lieutenant in the Medical Corps Reserve. In view of the fact that this soldier was inducted into the service under the Selective Service Act, the War Department communicated with Dr. Clarence A. Dykstra, Director of Selective Service, to ascertain his views with reference to commissioning the soldier. In his reply, Dr. Dykstra stated that so far as the Selective Service Administration is concerned, the discharge of a soldier to accept an appointment as a commissioned officer was not only approved but heartily recommended. Continuing, he said that it was obviously to the advantage of the Government, as well as the soldier, and a stimulus to selected men generally that a selectee with the necessary qualifications be commissioned and serve as an officer.

The recommendation of the board for the commissioning of this soldier was approved by the Surgeon General and the Chief of Staff.

Dr. FISHBEIN. Reading on page 2, line 7, it states—

and whose physical and mental fitness for some training and service has been satisfactorily determined, shall, in lieu of induction into the land and naval forces of the United States be commissioned an officer.

Well, that is mandatory on the military establishment to commission a man as an officer if he happens to be a physician and if he happens to be drafted. That would be utterly outrageous, because, knowing the medical profession as I do, I am quite sure that there are considerable numbers of the medical profession whom I myself would not wish to see given positions and commissions in the United States Medical Corps.

Senator REYNOLDS. That would be regardless of experience and regardless of character?

Dr. FISHBEIN. I would say that he must be qualified according to the regulations established by the United States Army Medical Corps itself, not according to any concept that I might personally have. The United States Army Medical Corps has the possibility of investigating every young man as to his antecedents. Perhaps some of them have been from time to time associated with subversive activities. That happens to physicians. Obviously such a man should not be commissioned in the United States Army Medical Corps. In certain instances they may have been on one occasion or another before a court of the States or the Federal Government. I happen to know about three men who have come up recently, who have been convicted for a violation of the Harrison narcotic law. Under no circumstances would anyone want to recommend a man who had previously been convicted for violation of the Harrison narcotic law as an officer, yet it is mandatory and automatic under this proposal.

Now we have in the United States 179,000 doctors licensed to practice. There are actually in practice about 155,000. Of that 155,000, there are approximately 8,000 who are over age and who could not possibly be used in the military or naval forces in any way. There are in the United States approximately 118,000 physicians whose credentials have been pretty well verified. I may say that on the questionnaires that were sent out, 95 percent of the medical profession stated that in case of war they would volunteer their services.

However, it is necessary in that connection to realize that it is necessary also to protect the civilian population. I happen to know that there are already five young men in the Medical Reserve Corps who have been called into active service in relationship to the training program when they were the only physicians in their entire county, leaving that county without a physician. That happened to occur

in the hill districts of Kentucky and Tennessee. I may say, also, that the Senator knows that in North Carolina there are also certain areas where there are just one or two physicians to an entire rural county. Obviously the calling up of a man who had been long in that area, and assigning him to a position either in the Army or Navy Medical Corps or in the line would be disastrous to that community.

Those are things we seek to prevent by the rewriting of this bill, which I present here, and which I believe safeguards the dangerous points which exist in Senator Murray's bill as originally drafted.

In other words, to summarize now very briefly, and I may say that as I have analyzed the bill, and I am no lawyer, section 3 of the proposed amendment is merely to permit going back into the service and correcting perhaps these manifest difficulties that I have already mentioned, where a young man has been drafted or could be drafted who is very seriously needed, much more needed in the area where he formerly was. That would apply not to the students, because they have been deferred, but would apply in a few instances to physicians.

To summarize, I would say that I feel it is necessary, in fact highly important, to arrange for continuous medical education in the United States. The number of physicians available is barely able to meet the needs of our country as it now stands. The suggestion was made by Mr. Dyckstra that we increase the enrollment in medical schools at once by 10 percent. A meeting was held of the deans of all of the medical colleges, the representatives of the State licensing boards, the committee on medical preparedness of the American Medical Association, the subcommittee on medical education of the committee on health and welfare, the Coordinator of Health and Welfare, and all of those groups got together and analyzed the matter, and they came to the definite conclusion that it would be absolutely impossible to increase the enrollment at once in medical schools by 10 percent. In fact, there is reason to believe that just about the full number of medical men who can be given a good medical education is now enrolled in the medical schools. There is no reason why the medical schools would want to keep out men for whom they could provide a good medical education, but if you attempt to duplicate the use of laboratory facilities, if you attempt to make teachers work full time or double time, you soon bring about a condition where your medical education is less than it ought to be.

That reminds me that I have left out a very serious point, which is a very manifest difficulty with Senator Murray's proposed amendment, and that has to do with the automatic exemption proposed of teachers in medical and dental schools. I believe again that that would be an error. As a part of our work in developing personnel for the Army and Navy Medical Corps, we have made an analysis of all of the teachers in the medical schools of the United States. The executive committees in charge of education in those medical schools have been asked to submit to the Committee on Medical Preparedness a list of essential teachers. We have in some medical schools 500 teachers to 300 students. It is quite obvious that an automatic exemption of teachers would work gross injustice and great inequalities, and so I have proposed in connection with that, which you will find written in the proposed draft, a recommendation that teachers in medical schools who may present to the draft board an affidavit from the dean of the school and sworn to by two members of the executive committee

of the institution that they are considered essential in the teaching of medical students, shall be considered for deferment until such time as their exact status may be fully determined.

Those, I believe, are some of the suggestions I feel warranted in making in the light of the consideration that has been given to this matter by the various committees with which I am associated, and I have prepared a few copies of the proposed rewording which I believe will solve the objectives which Senator Murray so laudably sought to achieve.

Senator REYNOLDS. Now, Doctor, if you will be good enough to give a copy of that to the reporter, I will ask that that be inserted in the record at this point.

(Following is the proposal of Dr. Fishbein:)

[S. 783]

A BILL To amend the Selective Training and Service Act of 1940.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 4 of the Selective Training and Service Act of 1940 is hereby amended by adding at the end thereof the following new subsection:

"(c) Any individual selected for training and service under this Act (1) who is a graduate of a medical school whose graduates are eligible to appear for examination for licensure as a doctor of medicine in a majority of the states of the United States, or who was so eligible at the time of his graduation, or who is a graduate of a school of dentistry and whose graduates are eligible to appear for examination for licensure as a doctor of dental surgery or doctor of dental medicine in a majority of the states of the United States; and (2) whose physical and mental fitness for such training and service has been satisfactorily determined, shall, in lieu of induction into the land or naval forces of the United States for such training and service, be eligible to apply for a commission as an officer in the Medical Reserve Corps of the United States Army or the United States Navy, and shall be placed in Class 1-B, as deferred until such time as such examination shall be completed. Such individuals shall then be eligible for order into active military service if granted a commission; or if not granted such a commission, shall be inducted into the military or naval forces of the United States for training and service."

SEC. 2 (a) Subsection (d) of section 5 of such Act is hereby amended by inserting "(1)" after "(d)" at the beginning thereof.

(b) Subsection (d) of section 5 of such Act is hereby further amended by adding at the end thereof the following new paragraph:

"(2) (A) Students who are preparing for the degree of doctor of medicine or bachelor of medicine at medical schools whose graduates are eligible for licensure as doctor of medicine in a majority of the States of the United States; (B) students who are preparing for the degree of doctor of dental surgery or doctor of dental medicine at dental schools whose graduates are eligible for licensure as doctor of dental surgery or doctor of dental medicine in the majority of the States of the United States; (C) hospital internes and resident physicians and surgeons who are graduates of medical schools whose graduates are eligible for licensure in a majority of the States of the United States and who were so eligible at the time of their graduation from such medical schools; (D) hospital dental internes and resident dentists who are graduates of schools of dentistry whose graduates are eligible for licensure in a majority of the States of the United States and who were so eligible at the time of their graduation from such schools of dentistry; and (E) teachers at medical and dental schools whose graduates are eligible for licensure as doctors of medicine or doctors of dental surgery or doctors of dental medicine who shall present an affidavit from the dean of the school and from two members of the executive committee of the faculty of such school that they are teachers essential to maintain teaching in such institutions shall be exempt from training and service (but not from registration) under this Act."

Senator LODGE. May I ask a few questions of the Doctor?

You are interested in preserving the continuity of medical education.

Dr. FISHBEIN. Of medical education.

Senator LODGE. Do I gather that means that you would not object to having a certain number of medical students taken into service, provided the proportion was not too large, or does that mean you object to taking any medical students?

Dr. FISHBEIN. I would not feel warranted in making any such objection as the Senator proposes. I feel that a young man who is definitely determined by his own school not to be able to continue after the semester ending would certainly not be considered suitable for deferment, because then he would be deferred or taken out of the service without anyone watching him very closely and dropped from the medical school by the next June.

I would say that, however, wherever a medical student in a well-qualified medical school is considered to be, as represented by his own staff of teachers, the executive committee of the faculty, a well-qualified man, likely to be able to graduate to become an interne, shall then be eligible for a commission, and bear in mind that I would insist that every one of these men apply at once for enlistment in some capacity with the Medical Reserve Corps of the Army, so that he would then be under control of the United States Army Medical Corps from that time on.

Senator LODGE. You don't favor exempting anyone from military service in some form?

Dr. FISHBEIN. I am definitely of the feeling that every man owes it to the country to do his utmost in relation to such service.

Senator LODGE. The question here is a matter of method.

Then let me ask you this question. Does service as an enlisted man in the Medical Corps of the Army, or of the Navy, give training that is of any benefit at all to a medical student?

Dr. FISHBEIN. It breaks up his course in such a manner that he would find it quite impossible to continue after one year, having dropped out. I would say that, based on my experience, and I believe there are men here who are actually deans of medical schools who will testify, in the vast majority of instances the taking of a young man out of the middle of his medical education for more than a year would practically make it impossible for him to continue from that time on, and to qualify. It would so seriously interfere with the continuity of his education as to really do him serious harm, and to do the country harm by depriving the country of the services of a good physician.

Senator LODGE. Of course, as a man in the Medical Corps he would have to care for the sick.

Dr. FISHBEIN. That care represents something so infinitesimal in relation to the actual medical knowledge that it bears no relationship whatever.

Senator LODGE. Do you understand that there is a shortage of both commissioned and enlisted personnel in the Medical Corps?

Dr. FISHBEIN. I am sure there is a shortage of enlisted personnel, and I am quite sure there is going to be a shortage, a most serious shortage, of qualified physicians for the Army. I happen to know there are in the Reserve Corps something over 13,000 men, and incidentally the entire Medical Corps of the National Guard, which would qualify, has already been called up, as of course the Senators know. The Army Medical Corps is busier than I have ever seen them before, and I may say that, of the 13,000 physicians in the Medical Reserve

Corps, there is reason to believe that from one-third to one-half will not be found physically fit or otherwise fit to be put into active service when called up.

Senator LODGE. Where would you procure the enlisted men for the Medical Corps?

Dr. FISHBEIN. I do not believe that you require a medical student for an enlisted man. I believe that exactly as the young men once inducted into the Army are assigned to various departments, it would be necessary for those in the United States Army who have put in calls for the various services which they desire to fill to put in calls for enlisted men. I don't believe they should take well-trained young men out of the medical schools, who have the opportunity of becoming physicians, in order to fill an enlisted corps which could be filled by a great many other men.

I happen to know that in the last war great numbers of young men, some of the lawyers, got into the enlisted Medical Reserves. Some of them were men in other capacities, and it is not necessary to have a trained man for the enlisted reserve. He is trained in the Army and given a very useful training.

Senator LODGE. Well, the enlisted man in the Medical Corps has to take temperatures, he has to perform a number of—

VOICE FROM AUDIENCE. No he doesn't.

Senator LODGE. They are doing it right now. I don't know who it was said that he doesn't, but I know of cases where they are doing it right now, and these are enlisted men who have had no training at all. They are lawyers or newspaper men or whatever you may want.

I just want to know; I am trying to find out—I am not arguing anything. I am not for anything or against anything. I am trying to find out what the truth is, and I want to find out from you where you think the enlisted man in the Medical Corps ought to be obtained—

Dr. FISHBEIN. I believe they should be obtained from men who qualify as men within the draft ages, physically and mentally fit, and then having passed the induction board. Perhaps in the induction board each man is now being given, or is supposed to be given, an exceedingly important mental and psychological test, perhaps selecting a little higher order of men from that group, since it might require in emergency such duties as the Senator mentions.

Senator REYNOLDS. And men showing special adaptability for that. As a matter of fact, that is the manner of procedure in the Army and Navy.

Senator LODGE. If you were sick in an Army hospital, would you rather have a medical student in the ward than somebody who was a lawyer?

Dr. FISHBEIN. I doubt that. The first or second-year medical student is just getting a basic training in fundamentals of medicine. It is not until he gets to the third year that he really begins to do much clinical study, and I venture to say that if I had a man in the enlisted reserve who had been helping out 5 or 6 years in that reserve, he would be better than the average medical student for what you have described, which is practically what we call male nursing.

I believe, however, that there is a very definite attempt to increase the Army Nurse Corps, so that the enlisted medical reserve would not be charged with that.

Senator LODGE. They are having a very hard time getting them to enlist.

Dr. FISHBIEN. I think they will be getting them. I believe, regardless of the somewhat pessimistic views some people take, with the proper organization and with the maintenance of a continual supply of men, we will be able to meet the demands of the Army.

Again may I say that Senator Murray called attention to the fact that, out of the 5,200 graduates who finish their internships, 3,200 will have to go in at once for a year of medical training in the Army as commissioned officers. However, that does not begin to represent the needs of the Army for medical men. The Army actually requires about 6.5 medical officers for 1,000 men, and with that picture before you, you can see that about 7,000 physicians are going to be required each year for the next 5 years to take a year of military training, and that means the removal of a total of 35,000 physicians from civilian life, and with the expanded need in industry I think anyone can see that the maintenance of this complete flow of qualified men is absolutely essential.

Now, if the Senator cares to hear it, I will make one more prophecy. If the Senator cares to hear it, I will give you the history of what has been done this far to secure the highly desirable attainments of this end, and the failure of it. I may say we have exhausted almost every effort we could use in an effort to secure this effect. We have, as early as June 10 of last year, approached every public official who could be approached in this regard with a special message coming from the committee on medical preparedness and the house of delegates of the American Medical Association. There have been special committees formed which have made additional approaches. These efforts to secure the exemption of medical students and internes from medical schools have had the support of the Surgeons General of the Army and Navy, who sat with the committee that endeavored to develop this idea on June 10.

Later, in July, there was another committee on medical preparedness. More recently messages were sent to Mr. Dykstra, urging Mr. Dykstra to issue to the selective-service boards merely his recommendation for special consideration of this problem, and that has been urged on several occasions, and I may say with a complete absence of any response in the way of securing even a message to the selective-service boards indicating the problem that exists in medical deferment. So far as I know, such messages have not been addressed to the selective-service boards. So far as I know, Mr. Dykstra has not replied to the telegram which was sent to him calling his attention to the imminence and danger of this problem, and we are getting now very close to July. I believe it is time that somebody got really interested, because, should these young men be called up in July, should those 133 men in the State of Ohio be called up, it would constitute a very dangerous condition.

Representative TRAYNOR. I am a dentist. I have practiced dentistry for 45 years. You said that the American Board of Surgery advocate a course of from 3 to 5 years. If those men that are taking that surgical course now are drafted as ordinary medical men into the service, don't you think that is a bad thing for the War Department? Shouldn't they be allowed to go on and complete their course? I believe that the majority of surgeons today are past middle age.

Now, men past middle age cannot stand it—in other words, they can't take it—if they have to operate over 6 or 8 hours a day. Wouldn't it be better to let these men complete their course, young men, and then, in case of emergency—you can call it war or anything you want to call it—they would be better fitted physically to go on and perform these operations than the older men would?

Dr. FISHBEIN. I think that, as part of our endeavor to supply the Army and Navy Medical Corps with adequate personnel we are already classifying all of the competent surgeons, internists, and others in the United States, with the hope of developing for these large Army hospitals, which will be expanded by 170,000 beds, completely qualified staffs of experts. That is to say the surgeon in an Army hospital should be a real surgeon.

Senator REYNOLDS. One question, Doctor, I would like to ask you. Has any endeavor been made, or any progress been made toward classifying enlisted men for service with the Medical Corps?

Dr. FISHBEIN. I don't believe that problem was put up definitely to us. We are concerned with the physicians, the medical students, and the internes, and the residents. I might have spoken on behalf of the dentists, because I am firmly convinced that the dental service is needed in this emergency fully as much as that of the physician, and perhaps in the preliminary stages at the present moment even more. The largest percentage of "rejects" coming before the draft boards are those now rejected on account of their teeth. I believe the American Dental Association is planning to assign voluntarily to local draft boards dentists to offer their advice to the physicians in the examination of the teeth of the young men who are coming up. Unquestionably many men who are deferred on account of bad teeth could be made rapidly available with proper attention to their teeth.

I could speak, also, on behalf of the Veterinary Medical Corps, but I think there are men here. That represents, again, in the branch of the service which they cover, a service of the utmost importance, and the training of a good veterinarian today is well up to that of a good physician.

Senator REYNOLDS. I think a very important feature was brought out here a moment ago by Senator Lodge, the matter of selectees for service with the Medical Corps, and I wondered if either you or your organization could make any recommendation to the board or the War Department relative to the classification of draftees who might be peculiarly fitted by their natural adaptability for service of that sort.

Dr. FISHBEIN. I think the suggestion is an excellent one and I will take the suggestion of the Senator as a recommendation to the committee on medical preparedness, and at their next meeting I will bring that matter before them for consideration as to what the medical profession might do to encourage not only the selection of men, but the selection of well-qualified men for the enlisted medical reserve.

Senator LODGE. That is a very real problem.

Dr. FISHBEIN. I will be very glad to bring that before them and to send you the report of the committee on the matter as soon as it has been given consideration.

Senator LODGE. At some of our big posts the number of doctors in proportion to the number of patients is so small that about all that the sick soldier sees is the Hospital Corps man.

Dr. FISHBEIN. That is a part of this very problem I have been discussing.

Senator LODGE. We are interested here in doing justice to the medical student, the doctor, and to the general public, and in doing justice to the sick soldier.

Dr. FISHBEIN. I think all of us have the same objective.

Senator MURRAY. I wish to express my thanks to the doctor for his very able statement. I want to assure him that if I had had the benefit of his advice and the advice of the medical profession to a further extent, I might have clarified some of these points that he has raised. My intention was to accomplish the purposes described, and of course I fully realize that in formulating a bill of this kind it may naturally be found necessary to make some amendments. I appreciate very much the able statement that you have presented here this morning.

Senator REYNOLDS. Senator Thomas, have you any questions? (None.) Senator Schwartz? (None.) Congressman Traynor? (None.)

Well, Doctor, we are very much obliged to you. I want to assure you that at least I have found, and I am confident the other members of the committee did, your explanation here this morning pertaining to your recommendations was extremely interesting and entirely informative. We are all very grateful to you, Doctor.

Now, gentlemen of the committee, it is 15 minutes after 12, and we hope this afternoon to have more members of the committee present, and I am going to suggest that we adjourn until 2 o'clock, and meet this afternoon in room 318, in order that those who have not had the benefit of the hearing this morning may have that opportunity this afternoon.

(Whereupon, at 12:15 p. m., a recess was taken, to reconvene in room 318 at 2 p. m.)

AFTERNOON SESSION

Senator REYNOLDS. The meeting will come to order, please.

With the permission of Senator Murray, we will call next Dr. Camalier.

Senator MURRAY. Before you proceed with the meeting I would like to say that Dr. Fishbein will be unable to be here this afternoon because he is engaged at the trial of the medical case down town, but I hope that we may have him here again because there are some matters pertaining to those proposed amendments of his this morning that I would like to consider further. I believe it will be necessary to have a more careful study of some of his proposed amendments. They may not work out exactly as I thought they would at the time he was giving the testimony. For that reason I would like to have him discuss them again if possible.

Senator REYNOLDS. Does the Senator intend to get in touch with him personally?

Senator MURRAY. I will undertake to do that and thus avoid recalling him.

Dr. Camalier, will you be good enough to sit at the witness table?

Senator REYNOLDS. Will you please provide the official reporter with your full name, residence, and other information that will be necessary in introducing yourself to the committee and for the record, principally?

STATEMENT OF DR. C. WILLARD CAMALIER, CHAIRMAN, PREPAREDNESS COMMITTEE, AMERICAN DENTAL ASSOCIATION

Dr. CAMALIER. C. Willard Camalier, chairman of the preparedness committee of the American Dental Association.

I am past president of that organization.

I might say, Mr. Chairman, that the American Dental Association is very pleased to be here today, and we also have the representatives of the American Association of Dental Schools, who are vitally interested in this particular amendment. The American College of Dentists also desires me to press their approval of this amendment.

From the study of the amendment, we agree quite thoroughly with its objectives and the sympathetic consideration which it gives the dental profession and we would like to compliment Senator Murray for his fine work in that connection. However, there will be some suggestions which we would like to make to the amendment when you so desire.

I might say on behalf of this organization, we represent American dentistry. We have, as Dr. Fishbein has said, done everything that we possibly can to obtain the objectives of the measure itself.

I might say in connection with that, we have conferred with officials of the Government, the Surgeon General of the Army, and Navy, and these gentlemen have been very appreciative of our approaches to the subject, and they have given us very sympathetic consideration.

We have reached an impasse on the thing and we feel that we cannot get it by regulation, and we should, in the interest of the people of the country and the profession of the country, secure these objectives by legislation.

We have done everything possible to support the Government in its preparedness program. We have organized, as Dr. Fishbein has said, in exactly the same way as the National Preparedness Committee, with military committees in every State.

We have served on the induction boards and on the medical advisory boards and we have just now been given the assignment of having a dentist on every local board in the United States. That will require the services of approximately 7,000 dentists.

We are very glad to do that but at the same time we are apprehensive of the things that are going on in connection with the preparedness program as far as dentistry is concerned. We have information which states there are 102 dentists who have been inducted into the service as privates. Now, we feel that is a loss of manpower. It is an uneconomical thing in the first place, and we would like to have that corrected.

I might say in that connection that I have information, based on official documents from Great Britain, if the committee would like to have them not the originals, of course, but copies from the British Dental Journal—which will show you that in Great Britain they will not take a dentist except in his professional capacity.

Now, insofar as the dental students are concerned, the same thing holds true. No dental student is taken from his courses. He must finish those before he is taken into the service.

Senator REYNOLDS. That is to say, you refer to the requirements of the British?

Dr. CAMALIER. Yes.

Senator REYNOLDS. Have you those articles before you?

Dr. CAMALIER. Yes; I have.

Senator REYNOLDS. You might read them for the benefit of the committee, if they are not too lengthy; otherwise you can give them to the reporter and he will insert them in the record at the proper place.

Dr. CAMALIER. They are not lengthy.

Under date of June 15, 1939, on page 723 of the British Dental Journal, we find this statement:

As was anticipated when the militia bill was under discussion in Parliament, arrangements have now been made under which medical and dental students who are listed to be called up for service will be allowed to postpone their military training until after the completion of their professional education—

and so forth.

That covers it, and this was——

Senator REYNOLDS. I suppose that is followed by words of explanation?

Dr. CAMALIER. Yes.

Senator REYNOLDS. That is from the record itself?

Dr. CAMALIER. Yes.

Senator REYNOLDS. If you would be good enough to give that to the reporter, he may insert the rest at the proper place.

Dr. CAMALIER. All right.

(The statement continues as follows:)

For technical reasons postponement can only be granted for 1 year at a time, but it may be renewed from year to year for the period necessary to complete the ordinary course of study. Students who come under the provision of the militia bill should consult the authorities of their respective schools with regard to the procedure necessary to secure postponement of liability to be called up. This concession follows logically upon the decision that members of the dental profession can best serve their country in a national emergency in their professional capacity.

Dr. CAMALIER. That was before war was declared.

Under date of November 1, 1939, on page 454:

It would be a profound mistake to base any estimate of the ultimate calls that will be made on the profession on the conditions existing at the moment. To do so would constitute a refusal to learn from the experience of the last war, during which dentists were recalled from combatant service because it was realized that they could render greater service to the Nation in their professional capacity.

Two dominant factors have to be taken into account in estimating the probable demands on individual practitioners during the war. The first is that in war time the profession has to provide not only for the ordinary dental treatment of the civilian population and the treatment of maxillo-facial injuries, but that in addition it will be called upon to provide for the men in the service more treatment than the men themselves would have demanded if they had remained civilians. The second factor is the severely limited numbers of the profession. In this latter connection it has to be borne in mind that the number of students who will qualify during the next 2 years will probably be insufficient to maintain the register at its present size, and that unless students in their early years of study are to be exempt from military service there will be no reserves to draw on to make good the wastage in the third or subsequent years should the war unhappily continue for so long. This will mean that a profession declining in numbers will have to shoulder collectively and individually a heavier burden of work, and will be called upon for a sustained effort which will leave few of its members with any spare time or energy to devote to voluntary work outside their professional duties.

They refer to dentists in Britain as a reserve occupation.

Senator REYNOLDS. The last statement that you read, that was printed after the declaration of war?

Dr. CAMALIER. Yes; that is right.

Senator REYNOLDS. The statement you are about to read—is that before or after?

Dr. CAMALIE. That is after. This is an extremely important point here.

Dentistry is a reserved occupation because it is recognized that dentists have a vital part to play in maintaining the health of the nation. If this is agreed, then it seems to us to be impossible to argue that it is not equally important to ensure that the flow of recruits to the profession is not unduly restricted. War conditions themselves will be responsible for some falling off in the numbers, but if dental students as such were to be exempted from military service until they had completed their curriculum, the reduction would not assume serious proportions.

There is another aspect to the matter which calls for serious consideration. The teaching schools are all attached to dental hospitals and the great bulk of the clinical work of those hospitals is carried out by senior students who thus provide necessary dental treatment for a section of the community whose economic position is such that it is impossible for them to pay for it. In the absence of senior students this work could not be carried on since the financial position of the hospitals would preclude them from engaging stipendiary dentists to undertake the work now done by students. On this ground alone there is a strong case for maintaining a regular flow of senior students which when coupled with that already made out for preventing a disastrous decline in the number of dentists available for the treatment of the civilian population seems to us to be irresistible.

Now, in order to take care of that, under date of December 1, 1939, the Ministry of Health—the Ministry of Labor, rather—adopted this resolution:

Dental students who have passed the appropriate examination in chemistry, physics, and biology and have completed (a) two terms of study in anatomy and physiology or in dental mechanics at a recognized dental or medical school or (b) one term of study after completing not less than 12 months' instruction in dental mechanics with a registered dental practitioner.

Now, the observation on that was this:

The short announcement that we were able to make in the last issue of the Journal with respect to the reservation of dental students will have been welcomed by everyone interested in dental education and the wider problems of providing adequate dental treatment not only for members of the forces but also for the civilian population. The formula which has now been adopted places dental students on the same footing as medical students and should ensure that the number of senior students does not fall appreciably during the war period and that there will be no hiatus in the flow of newly qualified men at the termination of hostilities.

That is extremely important to us and we will show, Mr. Chairman, by one of our witnesses here, the sharp decline which has occurred in the number of dentists that are graduating in this country and also in the number of dentists we have in our schools.

I might say furthermore, the appropriate order——

Senator REYNOLDS. These are all extracts from the same dental journal?

Dr. CAMALIER. Yes; and it is an authentic publication. This has to do with drafted dentists:

We are able to announce that the Ministry of Labour and National Service, on the recommendation of the Dental War Committee and the corresponding Scottish Committee, has agreed that arrangements shall be made whereby dentists who have registered under the National Service (Armed Forces) Act, may be called up for service in His Majesty's Forces in their professional capacity.

It is to be clearly understood that the male dental practitioner and the male dental student are in exactly the same position as all male members of the community insofar as registration under the above act is concerned. The fact that a dental practitioner is reserved by the schedule of reserved occupations does not effect his liability under the act or relieve him of his obligation to register with his age group in the normal way. All male British subjects within Great Britain

(including dental practitioners and students) not specifically exempted under the act, who were born between January 1, 1911, and May 25, 1920, should have registered by June 15, 1940. Those who have not registered should so do without delay at a local office of the Ministry of Labor and National Service without waiting for the next registration day.

The application of compulsory service to the dental profession will be in accordance with arrangements to be made which will be similar to those which apply to the medical profession, that is to say, the Government will entrust the dental war committees with the function of advising it through the Ministry of Health, the Department of Health for Scotland, and the Ministry of Labor and National Service on the application to dentists of their liability for service with the forces in the light of dental needs of the civilian population.

Senator REYNOLDS. If you just give those extracts to the official reporter he will insert them in the record.

Dr. CAMALIER. In a country at war, they are taking the dental men and medical men and they are analyzing them one by one and placing them in a position where they would do the most good. To draft our dentists in as ordinary privates, as I said before, seems to be a very peculiar situation. That is no criticism upon selective service. I understand they are restricted by law.

I think you will find, Mr. Chairman and the committee, the members of the committee have felt that way about selective service, and these other governmental departments have been sympathetic but they have not been able to help us in this situation. Therefore we come now to you for assistance and we feel we are not asking an unreasonable thing.

Senator REYNOLDS. Have you any suggested amendments to Senator Murry's bill?

Dr. CAMALIER. I would like to say, Mr. Chairman, we have with us the secretary of the preparedness committee, who has those amendments, and we will be glad to discuss them with you at this time, if it meets with your approval. I would like to ask that Dr. Gerald D. Timmons, the secretary of our committee, be heard.

Senator LODGE. I would like to ask you a question, Doctor. I understand you to say there are 102 dentists who have been inducted as privates in regular combat branches of the Army.

Dr. CAMALIER. Yes.

Senator LODGE. Not in the Medical Corps?

Dr. CAMALIER. No; and I might say that at Camp Dix, for instance, which has, as I understand, a population of 30,000 personnel, they have 5 or 6 dentists who are working as dentists, and I think there are quite a few dentists working otherwise. We feel they should work in their professional capacities. Now, the Army may have a reason for that.

Senator LODGE. Did I understand you to say that a defense committee of dentists has indicated their willingness to supply dental service to the Army?

Dr. CAMALIER. Yes, oh, yes.

Senator LODGE. That would be from dentists above the draft age?

Dr. CAMALIER. For the local selective service boards, yes, but for the Army, of course, we want them in ages that the Army desires them.

Senator LODGE. I want to clear my mind as to just what the offer was. The offer was simply to provide dentists for service on local boards?

Dr. CAMALIER. Yes.

Senator LODGE. You had not gone into the questions, then, of supplying dentists to take care of the dental work in the Army?

Dr. CAMALIER. Why, we have always stood ready to do that whenever we were called upon. As a matter of fact, the applications have been coming in to the committee and to the American Dental Association in Chicago in great volumes, and we can assure you that any number of dentists will be available for that service when they are called.

Senator LODGE. They are?

Dr. CAMALIER. Yes.

Senator LODGE. Who are not necessarily in the Reserve but who are qualified dentists?

Dr. CAMALIER. That is right.

Senator LODGE. And who presumably are above the draft age; most of them?

Dr. CAMALIER. Some of them, but not all; no.

Senator REYNOLDS. Thank you very much, Doctor.

We have been very happy indeed to have heard you and to have had your suggestions. A moment ago I recall you mentioned the American Association of Dental Schools.

Dr. CAMALIER. Yes.

Senator REYNOLDS. I would like to read into the record this letter from the American Association of Dental Schools, St. Louis, Mo., dated March 17, 1941:

The Honorable MORRIS SHEPPARD,
United States Senate, Washington, D. C.

DEAR SIR: Enclosed please find a statement adopted by the American Association of Dental Schools relative to the conservation of dental students and dental services in support of the total defense program of the United States Government and in accordance with the Selective Service Regulations.

We beg of you to give this statement due consideration and respectfully urge that the Murray bill, S. 783, be passed.

The members of the American Association of Dental Schools feel that the passage of the above mentioned bill will best conserve the dental health services of the country and thus enable dentistry to give greatest support to the total defense program.

Very truly yours,

LEROY M. S. MINER,
President, American Association of Dental Schools.

That is accompanied by a statement adopted by the American Association of Dental Schools, dated March 17, 1941, and signed by a number of deans of dental institutions. The official reporter will please have that statement follow the letter.

(The statement referred to, with signers, follows:)

STATEMENT ADOPTED BY AMERICAN ASSOCIATION OF DENTAL SCHOOLS
MARCH 17, 1941

The American Association of Dental Schools assembled in annual convention in St. Louis, Mo., fully concurs with the statement in volume III, section XXII, paragraph 350, of the Selective Service Regulations in which it is stated that "It is in the national interest and of paramount importance to our national defense that civilian activities which are contributing to the national health, safety, and interest should be disrupted as little as possible consistent with the fundamental purpose of the Selective Training and Service Act."

According to the reports of the results of physical examinations by local draft boards and at induction centers, dental defects are the cause of by far the greatest number of rejections. This fact demonstrates that adequate dental service is essential to the health and welfare of the Nation.

The total defense program of the United States Government will require a large number of dentists for professional service in the military forces during the period of national emergency. In consideration of the national-defense program as a whole, in both its immediate and long range aspects, it is also imperative that all available dental service be maintained for the personnel in the war industries and the civilian populations.

Inasmuch as the number of dentally trained personnel has neither kept pace with the increase in population of the United States nor the increased demand for dental service, it is important that the present dental resources be carefully conserved.

After careful consideration of the facts, the American Association of Dental Schools urges: (a) That steps be taken to provide conservation of the supply of dental students and internes who have maintained satisfactory scholarship until such time as they have had the opportunity to complete their professional training; (b) that means be provided for the conservation of faculty members whose services are deemed by school or university authorities to be essential to the conduct of a dental school; (c) that means be provided for the conservation of the limited supply of dental practitioners. This can only be done by utilizing their services in a professional capacity.

It is the studied opinion of the American Association of Dental Schools that the above three points can best be realized by the immediate passage of S. 783 which was introduced by Senator James A. Murray. We, the undersigned representatives of universities and institutions holding membership in the American Association of Dental Schools, respectfully urge the passage of this bill.

Respectfully submitted.

Leroy M. S. Miner, dean, Harvard University Dental School, Boston, Mass.; Lewis E. Ford, dean, University of Southern California College of Dentistry, Los Angeles, Calif.; Russell W. Bunting, dean, University of Michigan School of Dentistry, Ann Arbor, Mich.; J. Ben Robinson, dean University of Maryland School of Dentistry, Baltimore, Md.; B. E. Fischer, dean, Washington University School of Dentistry, St. Louis, Mo.; Willend C. Fleming, dean, University of California College of Dentistry, San Francisco, Calif.; F. E. Purell, dean, St. Louis University School of Dentistry, St. Louis, Mo.; L. A. Cadarette, dean, University of Detroit School of Dentistry, Detroit, Mich.; Wm. H. G. Logan, dean, Chicago College of Dental Surgery, Chicago, Ill.; Ralph R. Byrnes, dean, Atlanta Southern Dental College, Atlanta, Ga.; Harry Bear, dean, Medical College of Virginia, School of Dentistry, Richmond, Va.; Wm. H. Crawford, dean, Indiana University School of Dentistry, Indianapolis, Ind.; Bert L. Hooper, dean, University of Nebraska College of Dentistry, Lincoln, Nebr.; Sidney L. Tiblier, dean, Loyola University School of Dentistry, New Orleans, La.; Joseph L. B. Murray, dean, Georgetown University School of Dentistry, Washington, D. C.; Allen T. Newman, dean, New York University College of Dentistry, New York, N. Y.; Fred C. Elliott, dean, Texas Dental College, Houston, Tex.; W. T. Wylie, dean, Western Reserve University School of Dentistry, Cleveland, Ohio; Ernest Sloman, dean, College of Physicians and Surgeons, San Francisco, Calif.; Russell W. Groh, dean, University of Buffalo School of Dentistry, Buffalo, N. Y.; Donlev H. Turpin, dean, Meharry Medical College Department of Dentistry, Nashville, Tenn.; Houghton Holliday, dean, Columbia University School of Dentistry, New York, N. Y.; W. F. Lasby, dean, University of Minnesota School of Dentistry, Minneapolis, Minn.; Russell A. Dixon, dean, Howard University, College of Dentistry, Washington, D. C.; F. W. Hinds, dean, Baylor University, College of Dentistry, Dallas, Tex.; R. J. Rinehart, dean, Kansas City-Western Dental College, Kansas City, Mo.; A. W. Bryan, dean, University of Iowa, School of Dentistry, Iowa City, Iowa; B. G. Bibby, dean, Tufts College Dental School, Boston, Mass.; Charles W. Freeman, dean, Northwestern University Dental School, Chicago, Ill.; Robert Zugsmith, representing University of Pittsburgh School of Dentistry, Pittsburgh, Pa.; Howard M. Marjerson, dean, University of Illinois, College of Dentistry, Chicago, Ill.; F. J. Viner, dean, Creighton University School of Dentistry, Omaha,

Nebr.; Arthur B. Gabel, representing University of Pennsylvania School of Dentistry, Philadelphia, Pa.; Wendel D. Postle, dean, Ohio State University, College of Dentistry, Columbus, Ohio; George W. Wilson, assistant dean, Marquette University Dental School, Milwaukee, Wis.; Edgar D. Rose, dean, University of Tennessee School of Dentistry, Memphis, Tenn.; J. T. O'Rourke, dean, University of Louisville School of Dentistry, Louisville, Ky.

Senator REYNOLDS. Do you care to ask the Doctor any questions, Senator Murray?

Senator MURRAY. I would like to ask you, Doctor, if any dentists from the State of Montana have been inducted into the service through the draft?

Dr. CAMALIER. There is a man just about ready to be inducted, Senator Murray, and we have been in communication with the War Department trying to see what we could do about the matter, but you see the Reserve Corps is closed for dentists and not for medical men, and that puts us in a very embarrassing position.

Senator MURRAY. If that were not closed, they would be able to join the Reserve Corps?

Dr. CAMALIER. Yes; that is right.

Senator LODGE. You mean the quota is full, Doctor; is that what you mean?

Dr. CAMALIER. There seems to be a difference of opinion. We are under the impression that they know more than they have said but I think that that information had better come from them than from our committee. We do not have a record of that one man at the present time but we have here the local numbers of approximately 260 men throughout the country who are apt to be called under the Selective Service System and they probably will be taken in as privates.

Senator REYNOLDS. Thank you very much, Doctor. If you can prepare a statement setting forth additional data on these matters, you may present it later for inclusion in the record.

(The statement submitted is as follows:)

AMERICAN DENTAL ASSOCIATION,
Washington, D. C., March 27, 1941.

Hon. JAMES F. MURRAY,
United States Senate, Washington, D. C.

DEAR SENATOR MURRAY: For the information of the Senate Military Affairs Committee, and pursuant to your request, I beg to submit herewith additional data apropos of my testimony before the committee on Tuesday, March 18, 1941.

At the time of the testimony I had been reliably informed that approximately 102 dentists had been drafted by the Selective Service System. I had with me, but did not insert it in the record, the names of 260 dentists reported to my committee as having low call numbers.

Inasmuch as later testimony by Government officials regarding the actual number of dental inductees varied from my figures considerably, I thought it might be well to attempt to ascertain more definite information in order that the committee might be more correctly informed. Our committee, therefore, sent a telegram of inquiry to all State military affairs committees of the American Dental Association and while this type of information is not readily obtainable, the results of this hurried survey are as follows:

State	Actually drafted	Deferred	Drafted or deferred— not specified	Low call number	Remarks
Alabama				1	
Arkansas	1				See Sternberg telegram.
California		5			See Liggett telegram.
Connecticut	1	12			
(3 more this month.)					
Delaware	1			1	See Wintrup telegram.
Florida	18			2	See Price telegram.
Illinois	1			8	See Jacob telegram.
Indiana	8		23		See Berkey telegram. (How shall these be classified?)
Louisiana	1	1 (Class 2 until Aug. 12, 1941).			See DuPuy telegram.
Maine				13	
Massachusetts				3	
Michigan	9 + 1		38		See Gerber telegram.
Minnesota		8 (until Apr. 1, 1941).		30	
Missouri		{(1 until Apr. 8, 1941, class 1-A).			Not classified; apparently 1-A-13.
Nebraska	1	{8 class 1-A			
Nevada				4	
New Hampshire				3	See Putney telegram.
New Jersey	8			38	
New Mexico	1			2	See Eiler telegram.
New York	16	{3 Class 1-A 1 to be inducted July. 1 to be inducted April.		6	
North Carolina	2	7		60	Lineberger telegram.
North Dakota				7	
Ohio	12				See Ream telegram.
Pennsylvania	5	2		15	See Nones telegram.
Rhode Island		2 (in April)		23	See three telegrams.
South Carolina				1	See Shepherd telegram.
Tennessee		2		6	See James telegram.
Texas			7		See Robinson telegram.
Utah		10			See Rudine telegram.
Vermont				9	
Virginia				3	
Washington					See Foote telegram.
Wisconsin	1	{8 (until June). 1 (until July 27, 1941).		49	See Kroger telegram.
Total	87	70	68	321	

[Copies of telegrams referred to above]

FORT SMITH, ARK., March 20, 1941.

Investigation finds no new men about to be drafted as privates. John Wyrick of Texarkana must report as private on April 1 unless he gets commission. He has papers now at Bureau of Navigation at Washington trying to get in Naval Reserve. Advise him if you can help in either corps.

I. M. STERNBERG.

SAN FRANCISCO, CALIF., March 20, 1941.

No known case of dentist drafted in unprofessional capacity in our territory. Five class 1-A have 90 days deferment.

JOHN W. LEGGETT.

WILMINGTON, DEL.

State of Delaware report answering your telegram Irving Leon Yali-ove, 904 Delaware Avenue, Wilmington, Del., has notice of selection report next call. Naval and Army application refused. Single, willing to go. Clyde M. Cox, Newark, Del., stands about 200 on county list, now recently married, no children. Have several classified 3-A, can furnish names if desired. Corps area now located here informs us ordered not to accept applications for Army. Philadelphia Naval District also refusing applications and unwilling accept men any circumstances. Please advise at once what men should do view these facts.

J. PAUL WINTRUP.

MIAMI, FLA., March 20, 1941.

Approximately 18 dentists drafted unprofessionally for State of Florida.

THOMAS A. PRICE, *Chairman.*

PEORIA, ILL., March 20, 1941.

No information on dentists actually drafted. Many refused commissions who expect call. Six names sent to you. Several will be inducted in April.

L. H. JACOB, *Secretary.*

FORT WAYNE, IND., March 20, 1941.

Report from 7 of 14 district dental societies in this State, dentists classified according to your wire of March 19. Twenty-three.

Dr. U. T. BERKEY, *Chairman,*
Military Affairs Commission,
State of Indiana.

NEW ORLEANS, LA., March 20, 1941.

Dr. Robert Bruce Smythe of Louisiana immediately inducted into service as draftee. Please advise me.

LARRY DUPUY.

LANSING, MICH., March 19, 1941.

Answering your wire to Dr. Goodsell. Exact figures requested not available. Closest check totals 38 Michigan dentists either drafted in unprofessional capacity or temporarily deferred pending settlement of private affairs or War Department decision to again accept applications for commissions in Dental Reserve Corps.

H. C. GERGER, *Executive Secretary,*
Michigan State Dental Society.

CONCORD, N. H., March 20, 1941.

No dentists actually drafted at this date. Three cases on hand. First in December unable to obtain Army commission. Applied to Navy in February but has not received commission to date. Second made January application and no reply to date. Third would enlist if dental commission would be available.

DR. W. H. PUTNEY.

ALBUQUERQUE, N. Mex. March 21, 1941.

One dentist being inducted March 24. Two others awaiting induction. None deferred.

J. S. EILAR.

RALEIGH, N. C., March 20, 1941.

One drafted 14 pending. Will mail full report tomorrow.

H. O. LINEBERGER.

AKRON, OHIO, *March 20, 1941.*

Twelve dentists drafted that I know of and there may be more. Have started rechecking lists.

W. J. REAM.

PHILADELPHIA, PA., *March 20, 1941.*

Those reported me this area drafted unprofessionally five deferred by boards two many others pending awaiting commission soon to be called.

NONES.

PROVIDENCE, R. I., *March 21, 1941.*

The following dentists are subject to draft call at any day, having been given no deferment: Dr. Raymond Lapolla, 1050 Chalkstone Avenue, Providence; Dr. Milton Marks, 301 Main Street, Pawtucket, R. I.; Dr. Donat Savoie, Pawtucket, R. I.

MAJ. EARLE CARY ELLIOTT,
Chairman, Military Affairs Committee for Rhode Island.

PROVIDENCE, R. I.

None of following dentists drafted as yet and none hold reserve commissions, numbers comparatively low. Drs. Elmer Chester, Raymond LaPolla, Eugene Ricci, Paul Sollitto, Roy Fishman, Phillip Gordon, A. F. Sullivan, William Decesare, Stanley Lobenberg, Frank Bliss, Maurice Eighme, Edward Brown, A. Rudner Lewis, George Denecourt, Milton Marks, Michael J. O'Brien, E. Clarke, Mitchell Saks, and E. Meuser, Louis Friedman, Evans H. Nelson, E. Mason Clarke, William Casey, D. J. Meliff.

MAJ. EARL CAREY ELLIOTT.

PAWTUCKET, R. I.

At Maj. Earl Elliott's request I am sending you this telegram. I have been examined by my local draft board in Warren, R. I. My order number is 389. I have been practicing dentistry a year and two months. My previous experience has been spent a year at Samuels Dental Clinic at Rhode Island Hospital. Major Elliott informs me you will take the necessary steps for my protection against being drafted in unprofessional capacity. Trusting I will hear from you real soon.

MILTON MARKS, D.D.S.

SPARTANBURG, S. C., *March 20, 1941.*

Only one so far and he was turned down for overweight.

E. W. SHEPHERD.

MEMPHIS, TENN., *March 20, 1941.*

No dentists drafted unprofessionally Tennessee, two deferred pending commissions, six with low numbers classified as available for draft.

DR. O. E. JAMES.

SAN ANTONIO, Tex., *March 20, 1941.*

So far seven dentists in Texas.

JOHN E. ROBINSON.

SALT LAKE CITY, UTAH, *March 20, 1941.*

Drafted none. Deferred 10.

CLIFFORD RUDINE, *Chairman,*
Military Affairs Committee, Utah.

SEATTLE, WASH., March 20, 1941.

No Washington dentists have been drafted unprofessionally to our knowledge. Have wired area headquarters Portland, Oreg., for those deferred. Will forward further information as soon as available. See previous letter for names those with low call numbers. These are probably deferred.

DR. L. L. FOOTE, *Chairman,*
Washington State Military Affairs Committee.

MILWAUKEE, WIS., March 21, 1941.

Received 310 answers to questionnaire. One forty-three are over age; thirty-two are Army or Navy reserves. Seventy-eight have high numbers. Forty-nine have low numbers. Eight deferred until June. One Milwaukeean to be conscripted March 25 now seeking but not assured of deferralment.

MISS RUTH KROGER, *Secretary.*
Wisconsin State Dental Society.

It is hoped that some way may be found to correct this uneconomic situation as it relates to the drafted dentists and students in dental schools, the former being urgent at present and the latter presenting a decided emergency on or before July 1, 1941.

Very sincerely yours,,

C. WILLARD CAMALIER, *Chairman,*
Dental Preparedness Committee,
American Dental Association.

Senator REYNOLDS. You stated a moment ago you were accompanied by your secretary who will give a specific explanation of some matters you mentioned?

Dr. CAMALIER. Yes.

Senator REYNOLDS. We will be glad to hear him at this time.

Dr. CAMALIER. May I also ask to present a representative of our committee who will give you definite statistics on the number of dentists in the country and the Reserve Corps, and other matters with which we are vitally concerned, also the students of the United States? I think you ought to know that.

Senator REYNOLDS. We would be very glad to have what witnesses you think necessary to provide the full explanation of your attitude relative to the bill.

Dr. CAMALIER. Thank you very much.

Senator REYNOLDS. Will you provide the reporter with your full name and address?

**STATEMENT OF DR. GERALD D. TIMMONS, FORMER SECRETARY
OF THE AMERICAN DENTAL ASSOCIATION, CHICAGO, ILL.,
AND SECRETARY, PREPAREDNESS COMMITTEE, OF THE AMERICAN
DENTAL ASSOCIATION**

Dr. TIMMONS. My name is G. D. Timmons, of Chicago, Ill., executive secretary of the American Dental Association, secretary of the Dental Preparedness Committee of that organization.

Senator Reynolds, and members of the committee, with the chairman's permission I should like to read the statements you have just had read into the record without reading, inasmuch as what I have to say has a bearing on some of the statements made in that statement.

This is a statement that was adopted by the American Association of Dental Schools on March 17, 1941.

(See text of this statement on a preceding page.)

This document is signed by 37 officials representative of the 39 dental schools that exist in the United States. The reason that it is not a unanimous document is that two representatives of the other schools were not in attendance at the annual meeting. Consequently it is the unanimous opinion of those in attendance.

In the preparation of this statement, it was agreed by those who were discussing the matter and preparing the statement that some amendment should be offered to the proposed bill. These amendments were discussed this morning by the representative of the American Medical Association and we agree with the representative of the American Medical Association except in one point: We do not agree with the amendment as offered by the representative of the American Medical Association, wherein he proposed to amend the bill in regard to the mandatory feature of the bill. We do feel that the mandatory feature should be retained, but that further restriction should be added to the measure in such a way as to leave it mandatory, but make it necessary for an applicant for a commission to meet the professional qualifications as established by the Surgeon General. This could be done by inserting such a phrase in line 6 of page No. 2 of the printed bill.

We do agree that if the applicant's professional qualifications cannot meet the established standards, he then should be eligible for induction into the service to be used in any capacity as determined by the personnel department of the armed forces.

The reason we feel that that should be, the latter part of that should be inserted into the statement is that it is not the desire of dentistry to in any way avoid the responsibility that is facing dentistry in this national emergency. I think statistics will show that there are at the present time hundreds of applications on file in the office of the Surgeon General of the Army, wherein regularly licensed practitioners of the Army have made application in the Dental Reserve Corps, but owing to the fact the quota has been filled they have been unable to obtain the commission.

As a result of the Reserve Corps being filled, Dr. Camalier has stated there are now already 102 dentists professionally qualified who are serving as privates in the armed forces of the country.

I think also that the fact that the applications are on file answers the question that Senator Lodge asked as to the desirability of the dental profession meeting their responsibility in the emergency.

The fact that our Reserve Corps is oversupplied at the present time, according to the established statistics indicates that dentistry has a patriotic feeling toward this national emergency, and we are willing to do anything we can to meet it but we feel the conservation of our resources is the important factor, taking into consideration the armed forces, the war industries, and civilian population.

Senator MURRAY. Under your proposed amendment there, you would provide that in case the dentist had not fulfilled the requirements that then he would be inducted into the armed forces and not as a dentist?

Dr. TIMMONS. That is right, not as a dentist.

Senator Murray, in answer to your question, we feel exactly as Dr. Fishbein stated this morning, and we know in the profession of dentistry we do have those men who during their period of professional life have not kept pace with the advancement in the profession.

Senator MURRAY. You would not regard them as being of any service to the profession, then, at all, that is, that they would not fill any requirements of the dental profession?

Dr. TIMMONS. We feel the quality of service they would render to the civilian population or to the armed forces would not be of such a standard as to warrant their retention.

Senator REYNOLDS. Senator Lodge?

Senator LODGE. I have nothing.

Senator REYNOLDS. Thank you very much.

Will you be good enough to provide the official reporter with your full name and official capacity, and residence?

**STATEMENT OF DR. JOHN T. O'ROURKE, DEAN OF DENTISTRY,
LOUISVILLE UNIVERSITY, REPRESENTING THE AMERICAN AS-
SOCIATION OF DENTAL SCHOOLS**

Dr. O'ROURKE. Mr. Chairman, the statement just read, indicating the interest of the American Association of Dental Schools in conserving the dental assets of the country, I think is a clear statement of how we feel in this whole matter. I thought that I might show you the extent of this problem by quoting statistics. I prefer to quote them because I have them here and if I might do that——

Senator REYNOLDS. That would be very well. Is there a long list you wish to quote?

Dr. O'ROURKE. No.

Senator REYNOLDS. We will be glad to have you quote them now, and you can give the manuscript to the reporter.

Dr. O'ROURKE. We have an acute and unique situation in this country. I would like to point out first that in the decade of 1930 to 1940, despite the fact that we had a 7.2 percent increase in our population, we had a nine-tenths of 1 percent increase in dentists. During that period of time the needs of the population became more intense. There was more knowledge that came into the field, there was more services for us to give to those people, and we had a lesser number of men available to render that service.

Part of our difficulty has been created by the fact that we are faced with the accumulated effects of the depression, malnutrition, and I think that in part accounts for a great number of rejections because of the dental defects which we find before selective-service boards and at the induction centers.

During that same decade, 1930 to 1940, we had a 26 percent decline in the number of graduates in the United States.

Senator REYNOLDS. Number of what?

Dr. O'ROURKE. Graduates; 26 percent less in 1930 to 1940 than 1920 to 1930.

Senator REYNOLDS. To what is that attributable?

Dr. O'ROURKE. There has been a tendency to improve dental quality and, of course, that raised the cost, and has lengthened the course, but it has provided the American people with perhaps the best dentistry in the world. It is unfortunate that it raised the cost but they are getting perhaps better dental services than any people in the world. That did bring about a decrease, perhaps, in the number of graduates—that plus the economic depression.

Senator REYNOLDS. Attributable to the higher standard of requirements before they could actually begin the study of dentistry?

Dr. O'ROURKE. Yes.

Senator MURRAY. Would not the effect of the depression contribute more to that than the increased standards? Wouldn't the lack of means to carry the students through an education of that kind have a big bearing on the situation?

Dr. O'ROURKE. I would say my estimate there, Senator Murray, would be that the effects would be just about equal, because every time we advance the requirements we impose restrictions to numbers and, of course, financial difficulties also impose restrictions.

I think they operate with equal strength, but we had a loss or a decline of 26 percent over the previous decade and that is a substantial decline, I think.

Now, the course is 6 years in length. Every school in this country requires 2 years of college and 4 years in the undergraduate dental course. This school year our graduating class, 1941, will be less than 1,500. That is the smallest graduating class we have had for 10 years.

Just one other point. I think it is a rather important point because it is an index to the situation, namely, that we can not meet the demand for dental practitioners today. Deans of dental schools over the country have repeated calls upon them to send dentists to this or that location. We can not find those men.

They are asking for men to take up institutional positions, and the men are difficult to find. We do not have a sufficient number of men to man the institutions, who want full-time practitioners, and neither do we have enough men today to locate in some of these rural and semirural districts where the supply of dentists is extremely low and in many cases they are entirely absent.

So the American Association of Dental Schools feels that when they make this statement that they are making a very strong point, that any inroads, any reduction in the number of dental students, would in terms of a total defense program be not in the interest of the health of the civilian population or the people engaged in war industries. We are already faced with a 26-percent reduction, and now if we jam that down by conscripting dental students and carry that 26 percent through another 10 years or raise it to a 30 or 40 percent, we would be in a rather bad way as far as dental manpower in this country is concerned, so we feel that while we want to be of every assistance possible, it is necessary for us to see this program as a whole program involving the war-industry group, the civilian population, the Army and Navy and the Public Health Service.

That is all I have to say.

Senator REYNOLDS. Any questions, Senator Lodge?

Senator LODGE. Did I understand you to say, Doctor, that, leaving out of account this military question, there was a shortage of dental service in many parts of the United States?

Dr. O'ROURKE. Yes.

Senator LODGE. How long has that been true?

Dr. O'ROURKE. Of course, that has always been true but it is becoming even more true now.

Senator LODGE. I have also been led to believe the same thing is true with medical service.

Dr. O'ROURKE. Yes.

Senator LODGE. I was wondering what plans had been made, if any, to make dental and medical service in these areas more attractive to young dentists and young doctors?

Dr. O'ROURKE. I think there have been several plans.

Senator LODGE. They do not go through now, do they?

Dr. O'ROURKE. No; unless they go under Federal security program, that I think is the term, is it not, out in the prairie States? I think that has been the only plan I know that has attracted physicians or dentists into those communities.

Senator LODGE. That has not really solved the problem?

Dr. O'ROURKE. No; that has not solved the problem. There is not much we can do about it either.

Senator LODGE. Thank you.

Senator REYNOLDS. Thank you very much, Doctor.

FURTHER STATEMENT OF DR. C. WILLARD CAMALIER

Dr. CAMALIER. I might say in connection with these matters, as chairman of the subcommittee of the President's Committee on Health and Medical Activities, we are making a survey around all Army camps and defense industries to ascertain the dental personnel there, and that is under the auspices also of the American Medical Association, and the movement of population, of course, now, is tremendous, and we are trying to evolve some plan to have dentists go to those sections.

Now, that is going to be more of a drain upon the profession, and if you take these younger men especially from these suburban areas into the Army, why that is going to hamper us a great deal. We will have to, of course, fall back on the older men for service and to answer Senator Lodge there, there have been any number of younger men taken from the smaller areas who could have been used or used otherwise in the service.

Now, answering specifically in terms of figures, the dental profession declines each year.

For instance, we graduated in April 1,500 but we lost by death about 2,400, so we are going into the red every year.

Senator REYNOLDS. There looks like plenty of opportunity for young dentists in this country.

Dr. CAMALIER. Absolutely.

Senator REYNOLDS. I would like to ask you one question, Doctor, in regard to that.

Is that decline in students studying dentistry attributable entirely to the high standards or is it due to the fact that a dental education requires a greater number of years than formerly it did, and the expense connected therewith?

Dr. CAMALIER. Well, I think what Dr. O'Rourke says, that it is equally divided, is true. I might say, too, there is not the halo around dentistry there is around medicine. Medicine has all the applicants, they desire, and there is some psychological effect there.

Senator REYNOLDS. In view of the fact that the number retiring and dying annually exceeds by about 1,000 those who are graduated annually, has your organization any suggestion for doing anything to increase the interest in the profession of dentistry from a standpoint

of providing opportunities for young men of the country who are seeking professional careers?

Dr. CAMALIER. I think there is some plan being evolved now by the American Association of Dental Schools to do that. As I understood, they have not felt it was probably the ethical thing to do to go out and try to bring them into the schools in that way, but I think they are putting on a program of some sort to make it more attractive, especially to high-school students. The American Medical Association will do that and they are attempting to publicize the matter.

Senator MURRAY. Doctor, I would like to inquire if dental disease is on the increase in the country?

Dr. CAMALIER. We would think so, Senator Murray.

Senator MURRAY. What is the dental profession doing to combat that condition?

Dr. CAMALIER. The educational programs put out by the American Dental Association have been very effective and the research commission of the American Dental Association has had a fine effect.

Senator MURRAY. You are spending money of your dental association in that sort of effort?

Dr. CAMALIER. We have a National Institute of Health into which we have just put the sum of \$5,000 and incidentally we would like very much to have the Murray bill on caries enacted into law. We feel that would be one of the greatest steps the American Congress could take.

Senator MURRAY. That would be a research carried on by the National Institute of Health to discover the cause of dental disease and undertake to combat it.

Dr. CAMALIER. Yes, we are very much interested in that and we hope Congress will enact that into law.

Senator MURRAY. At the present time do I understand that a large percentage of children under 12 years of age already are affected by dental caries?

Dr. CAMALIER. I think the percentage runs between 90 and 95 percent of school children in this country.

Senator REYNOLDS. Thank you very much, Dr. Camalier. You have another witness?

Dr. CAMALIER. I think the Congressman from Delaware would like to say a few words.

Senator REYNOLDS. We would be very happy to have our colleague say a few words.

STATEMENT OF HON. PHILIP ANDREW TRAYNOR, REPRESENTATIVE IN CONGRESS FROM THE STATE OF DELAWARE

Mr. TRAYNOR. I thought my experience as a dentist in dental preparedness work might be interesting to you.

Senator REYNOLDS. We would be happy to hear what you have to say.

Mr. TRAYNOR. I spent 3 years at the University of Delaware taking a predental course. I had 3 years military training there.

Three years afterward I graduated in dentistry, in 1895, at the University of Pennsylvania.

After graduating I joined the Delaware Militia and was in the militia for 3 years when the Spanish-American War broke out.

With 6 years military training, I was there and I applied as a dentist to get in the Hospital Corps on the Surgeon's staff. I did not want to go along in the ranks. That was denied. There wasn't any place for me.

In the World War, the first one, I was dental examiner for Exemption Board No. 1 in Delaware. At that time I examined the mouths of 6,200 men who were caught in the draft. There were 7,000 caught. Peace was declared before we examined the balance of them.

Along with that I was chief of the Dental Preparedness Clinic in Delaware with a staff of dentists under me, and it was our wish to try to put every man's mouth into condition before he left the State of Delaware.

We did that partially. We did not have a staff large enough to do that.

Now, that was 43 years ago when I tried to get a commission as a dentist.

Today you are putting men in the service, dentists, as privates. I figure that today we are no better off in dentistry than we were 43 years ago, back in the horse-and-buggy age.

Now, if you raise your quota for the selective service you are going to have the same condition that you had in the Spanish-American War. Now, that is my experience. I practiced dentistry 45 years before I came to Congress.

Senator REYNOLDS. Any questions, Senator Murray?

Senator MURRAY. I do not think so.

Senator REYNOLDS. Senator Lodge?

Senator LODGE. No questions.

Senator MURRAY. Thank you very much, Doctor.

Is Dr. Griffin here?

STATEMENT OF REV. MORRIS F. GRIFFIN, OF CLEVELAND, OHIO, SENIOR TRUSTEE, AMERICAN HOSPITAL ASSOCIATION

Dr. GRIFFIN. I am making the preliminary statement for the hospital representation.

Senator REYNOLDS. Proceed, Doctor.

Dr. GRIFFIN. Gentlemen of the committee, one of the important purposes of the legislation under consideration is to provide proper medical care for military and civilian requirements.

Speaking for the American Hospital Association, our first statement must be that nothing is farther from our thoughts than to be party to any movement that would interfere with the best possible care for both soldiers and civilians.

While the primary purpose of our association is the development of hospitals for the civilian population we protest that our interests are not self-centered in them. We profess a broader obligation common to all our citizens and we acknowledge our patriotic duty to our military forces.

Our appearance here today is not to be interpreted as special pleading of one group of people for their own advantage. As quasi public agencies, hospitals make their contribution to the general welfare and now they are prepared enthusiastically and efficiently to do their part in the preparation of the technical and professional personnel required for the medical care of our armed forces.

Altruism, not selfishness, dominates hospital service, not only in regard to the sick, but also in regard to the young men and women who are receiving the educational advantages offered by the hospital.

Except for the nonprofessional personnel continuously employed, most of those who serve in a hospital are participating in an educational program. The hospital trains various technicians; physiotherapy, laboratory, X-ray, and so forth. It trains dietitians, nurses, and especially internes and residents.

Today, medical education has two parts, the first in the medical school, the second in a hospital approved for the training of internes and residents. Practically all medical students, after completing 4 years in a medical school, enter a hospital to continue and complete their education. They consider the practical training received in the hospital under the direct supervision of the practicing physicians of the staff as necessary to round out their preparation for the practice of medicine. Many schools will not graduate their students and many State boards will not admit for licensure examinations students until they have finished such hospital experience.

This course of instruction in the hospital is under the direction of the council on medical education of the American Medical Association, and the American College of Surgeons. Internes go only to hospitals that have been approved by these two nationally accepted standardizing agencies. The educational function of the organized staff of the approved hospital is zealously promoted, and the educational opportunities of the medical student conscientiously safeguarded during this secondary period of his training.

Our generation has seen great advance in the excellence of the preparation of the general practitioner and it has also seen great progress in the development of specialists. In this the hospitals have done their share by furnishing facilities for their internes desiring to specialize to remain as residents for a chosen specialty.

It is our opinion that all of these professional values can be preserved without interfering with the requirements of the medical corps of our military forces. For the present there are enough practitioners available who have completed their course of study so that it ought not be necessary to take those who have been only partly trained, looking to the future, medical students should be allowed to complete their education so that there would be no interference with the annual supply of physicians which is necessary for both civil and military requirements.

Life is the greatest of our material possessions and the health of the people one of the greatest national assets. Everything should be done to preserve and promote it. The American program of education in medical school and hospital has given us, perhaps, the best trained general practitioners and specialists in the world, for both civilian and military service. In our knowledge of and appreciation of this system we are of the opinion that it should be continued and strengthened, and not interrupted and weakened. For the health of our people and the efficiency of our soldiers, medicine is necessary, the best we can get, in practice, and that means in preparation, in the preservation of our present excellent standards of education and in the continuity of the annual supply of general practitioners and highly trained specialists.

Senator MURRAY. Thank you very much for your statement Dr. Griffin.

Senator REYNOLDS. Anything else, Doctor, that you would like to say?

Dr. GRIFFIN. No. Dr. Munger is the chairman of our Council on Government Relations.

Senator REYNOLDS. We thank you very much.

Senator MURRAY, any questions?

Senator MURRAY. Doctor, if the operation of the present act should result in taking substantial numbers of dental students, you think that would very seriously interfere with the dental profession?

Dr. GRIFFIN. Of course.

Senator MURRAY. And are you familiar with what contributions the dental profession is making to the Army at the present time?

Dr. GRIFFIN. No, I am not; the gentleman who preceded me probably had all that detailed information.

Senator MURRAY. That is all.

Senator REYNOLDS. Senator Lodge?

Senator LODGE. No questions.

Senator REYNOLDS. Dr. Munger, will you please give us the necessary information with regard to yourself?

STATEMENT OF DR. CLAUDE W. MUNGER, CHAIRMAN OF THE COUNCIL ON GOVERNMENT RELATIONS OF THE AMERICAN HOSPITAL ASSOCIATION

Dr. MUNGER. Claude W. Munger, chairman of the Council on Government Relations of the American Hospital Association, New York City.

I appear before you, gentlemen, at the instance of the 5,000 hospitals and individuals who belong to the American Hospital Association, a nonsectarian organization whose membership covers every State, Territory, and possession of the United States of America. Your witness is chairman of the Council on Government Relations of the American Hospital Association and as such am its regularly accredited representative for this appearance.

The hospitals of America come to this committee and, through it, to the Congress for relief of a serious situation which they, through their close contact with the problems involved, have recognized as one which threatens, to be sure, the care of the 13,000,000 civilian sick who are annually treated in our institutions, but, which, also and more seriously threatens the system of medical education, medical training, and medical care of our citizens, whether in their homes or in hospitals.

The American Hospital Association is deeply appreciative of Senator Murray's sagacity and foresight in introducing this amendment to the Selective Service Act of 1940. Our past experience in conferring with the Senator on hospital and medical affairs convinced us long ago of his clear grasp of medico-hospital problems and of his sincere interest in securing for every citizen the right sort of care when stricken by illness.

It is our firm belief that, as these hearings progress, you gentlemen of the committee, will be convinced that the relief which this bill will provide is most necessary and is in the public interest and in "public interest" I include the national defense.

As my colleague Monsignor Griffin has explained, medical training is only started in the completion of the 4 years in medical school. Several of our States will not even admit a medical graduate to their licensing examinations until he has completed a hospital internship of carefully prescribed content. Heretofore, at least, the Army and the Navy have required the internship before granting a commission as a medical officer.

In this country particularly in the past 10 years, the medical profession through various associations competently representing its interests, has necessarily assumed the attitude that, for all but the simplest of medical duties, the traditional internship is not enough postgraduate preparation for the medical graduate who is to be turned out eventually to practice his profession among the American people.

In former years a hospital that had 40 interns might have had 1 resident physician and 1 resident surgeon staying on an added year for more training and to keep the older doctors to train the interns. Nowadays that has all been changed. The hospital with which I am connected and which has beds for some five hundred patients, has, at present, 40 young doctors in training on its house staff, but instead of this house staff being comprised of 38 interns and 2 residents, it today consists of 12 interns and 28 resident.

The term resident refers to a young doctor in a hospital who has completed his internship year, but to perfect himself for practice by modern standards is staying on in the hospital until he can gain the experience and skill which will make him competent to practice in internal medicine, surgery, obstetrics, or eye, ear, nose and throat, et cetera, according to which specialty he has selected.

The residents, thus, are a vitally important group in our set-up of medical education and I have gone into this detail to make it clear that the mere deferment of interns from selective service would be an insufficient measure for relieving the serious threat which the present Selective Service Act holds over the future medical care of our armed forces and of our civilians alike.

It is of paramount importance that our lawmakers recognize the absolute necessity for the welfare of our beloved country, and so amending this law that there can be no interruption in the proper medical education and postgraduate hospital training of the country's doctors.

In America we have developed a wonderfully fine and efficient system for doing these things and the medical schools, the medical associations, and the hospitals have worked in happy combination to produce for our people, doctors of medicine who are without the slightest doubt the best in the world. But this plan of education and training is a delicately balanced and complicated matter which the Selective Service Act of 1940 is already throwing seriously out of gear, and which unless you gentlemen will offer relief, will go on to a really chaotic situation which will injure not only the medical care of our armed forces, but will lower the grade of medical care to the civilians of your constituencies for years to come.

Permit me to emphasize the fact that our Government is clearly depending upon the civilian hospitals in this serious period of our national life to preserve the health, and thereby the happiness and the general morale, of the civilian population. This is a tremendous task

in normal times, and as crisis follows crisis, will become a heavier and heavier burden. Every hospital has already lost members of its senior staff to the armed forces. While that is serious, we expect it and can manage to get along, provided we can maintain full complements of interns, and residents to carry on the detail medical work, under the supervision of those of the attending staffs who remain on duty. But, if these young men are taken from us in large numbers, we shall be powerless to maintain proper standards of care and we, you and the whole country will soon hear from the public about it.

The framers of the Selective Service Act of 1940 have left the decisions as to what shall happen to the medical and hospital care of the American people in the hands of the local draft boards. This witness has dealt with some of those boards, and has good reason to admire their unselfish public spirit, and their desire, in the light of their knowledge of medical affairs, to make wise decisions upon deferments of medical students, interns, and residents.

However, as could be confidently expected, we have news of actions by many draft boards in relation to such deferments that convince us that it is an impossible task so to educate these thousands of fine men so as to give them an understanding of the intricate problems of medical education and care—such as is available, for instance, to the gentlemen of this committee, and which would guide them to wise action.

I was told only today of a medical school which feels certain, from the attitude of the draft board of jurisdiction, that after July 1, it will lose one-third of its students to selective service. Likewise one of the country's largest charitable hospitals reports that of its complement of 90 interns and residents, over 50 have been taken.

What we must have, gentlemen, in this national problem is uniformity of policy and of action, and that can be guaranteed to the country only by the passage of the legislation represented in Senator Murray's bill.

Senator REYNOLDS. May I interrupt to ask you one question?

Dr. MUNGER. Yes.

Senator REYNOLDS. You made a statement a moment ago that in one hospital, where they had a staff of 90 internes, 50 have been taken as a result of the selective service.

Dr. MUNGER. So I understand.

Senator REYNOLDS. The number graduating annually will not fill the vacancies occasioned by the operation of the selective service bill, will it?

Dr. MUNGER. Well, I should think not if they took them in such numbers as that.

Senator REYNOLDS. Is that just an outstanding case?

Dr. MUNGER. Yes; an unusual case.

Senator REYNOLDS. You do not know the average number do you?

Dr. MUNGER. We have not had time to gather figures. In general, the hospitals have felt the draft boards have tried to be as considerate and helpful as they could.

Senator REYNOLDS. I was wondering how a hospital for treatment of civilians was going to be able to function in the illustration you gave a moment ago, where they had exhausted their personnel by approximately 50 percent. How are they going to continue to function properly and satisfactorily, that is to say, for the protection of the civilian population?

Dr. MUNGER. I don't believe they are going to be able to. They are going to fall down; the standards will drop and the kind of care they give to the patients is going to be adversely affected, of course.

Senator REYNOLDS. Thank you very much.

Dr. MUNGER. I believe you can readily see that neither you nor the country can depend upon thousands of draft boards, each acting independently, to bring order out of the confusion which is developing so rapidly.

We all know that the program of national defense upon which we are embarking is a long-term effort, a matter of 5, 10 or more years. It is surely clear, then, that in all our efforts we must look to steadiness of, and absolute continuity in, the supply not only of materials, but of services of individuals, which continued preparedness for defense will require. This is especially important in the supply of medical men. The present Selective Service Act will bring about just the opposite.

First, it will depopulate our medical schools. May I remind you that at the beginning of the World War I, the medical schools were graduating 4,200 men a year. At the end of that war they were turning out only 2,900. That was just the opposite of the desired situation and the country suffered on account of it.

Secondly, the present act will divest the hospitals of internes, and especially of residents, putting them into services where they are only half trained and subjecting the soldiers and sailors to their inadequate ministrations. I know full well that the Army and Navy want young men, but I maintain that they should also want men who are equal, by modern standards, to the grave responsibilities which they will have to assume.

Yesterday I talked with the medical director of the Kings County Hospital, Brooklyn, a very large and important hospital in that borough of 3,000,000 population. A recent survey of his visiting staff brought out the information that out of 500 men on the visiting staff—

Senator REYNOLDS. You are not referring specifically to internes, are you?

Dr. MUNGER. No; about the older men.

Senator REYNOLDS. Yes; I see.

Dr. MUNGER. I am connecting that with the internes.

Nearly 250 are already in the service, or expect sooner or later to be called. That loss will be a blow to that hospital's important work, but, if the Kings County Hospital must lose most of its internes and residents—the men on the hospital's own "firing line", what, I wonder, will happen to the 3,000 underprivileged charity patients which fill its wards.

The American Hospital Association endorses bill S. 783 and approves its inclusion of dental students, internes, and residents along with their medical colleagues as a wise provision. Some very minor changes, such, perhaps, as the one suggested by the representative of the American Medical Association, would meet with our approval, but it is our sincere hope that you will unanimously report this bill out of committee for favorable action by the United States Senate.

Senator REYNOLDS. In that connection, I am wondering what is going to happen to the hospitals in view of these two statements that you have just made here this afternoon with reference to taking these

professional men away from their regular posts where they have been serving the civilian population.

What, if anything, has your organization done? Perhaps you have some suggestions to make as to how they may continue to serve.

Dr. MUNGER. We have tried—for instance, in the hospitals in connection with the War Department, which have answered invitations to establish hospital units such as the base hospitals that went from certain hospitals in the last war. In those cases a hospital agrees with the War Department it will organize a unit and is going to have 60 medical officers in that unit which can be called out and be a hospital in the field. In those cases it is possible for hospitals to study their staffs and figure out which men are to stay and which men could be spared, and how they could work out a good staff for the other hospital and at the same time have a good staff for their own work.

Senator REYNOLDS. That would not provide for additional men to fill the vacancies?

Dr. MUNGER. No, it would not necessarily, except in a hospital which might be very popular, and where men from other groups would like it. In general, they would not be replaced. However, those are not full-time men, you see. Those are visiting doctors to the hospital, and it is possible to double up in those cases. A man can work extra hard while his colleagues are in the Army and keep it working.

Senator MURRAY. Doctor, there are some hospitals now that are finding it very difficult to fill the vacancies created by these men leaving?

Dr. MUNGER. That is very true.

Senator MURRAY. I understand some of them are advertising in the newspapers.

Dr. MUNGER. I am sure they are advertising in the medical journals, at any rate. And I think some hospitals that formerly had applications for internes and resident positions are now trying to find them themselves. The slack has been taken up completely among the young medical men. It used to be they were on your doorstep for an appointment, but it does not happen any more.

To close, the American Hospital Association endorses this bill, and we approve the bill's inclusion of dental students and internes and so forth.

I might add we use a good many dentists in hospitals. Hospitals have dental internes and dental residents.

Some very minor changes, such perhaps as the one suggested by the representative of the American Medical Association, would meet with our approval, but it is our sincere hope that you will unanimously report this bill out of committee for favorable action by the United States Senate.

Senator REYNOLDS. Without amendment?

Dr. MUNGER. We suggest no specific amendment, but would not be adverse to the one suggested by Dr. Fishbein. It is more in his field than in ours.

Senator MURRAY. Dental medicine is regarded as essential in the practice of medicine in this country?

Dr. MUNGER. Yes.

Senator MURRAY. One of the first things a doctor does when a patient comes in is to have his teeth X-rayed, is that right?

Dr. MUNGER. Sometimes if he had it more readily, the patient would get along better.

Senator MURRAY. Nine times out of ten that solves the problem.

Dr. MUNGER. It is a very important part of medicine, no doubt.

Senator LODGE. Doctor, at the bottom of page 3 and the top of page 4 of your statement, you say the Selective Service Act of 1940 has already thrown seriously out of gear the present plan of education and training. Could you go into detail on that?

Dr. MUNGER. Of course, we have a few men who in these isolated instances where the draft boards have refused to grant deferment longer than mandatory in the law. We have a great many men who have not completed their training, but completed their internship, but should have a lot more training, for instance, if they are going on to be a surgeon who have been scared off because the law gave them no certainty of deferment, and they went and joined the reserve, not because they wanted to go into the service, but just that they did not want to be drafted. As a result, those men have trained, and there are many of them.

Senator LODGE. Have you any idea of what the extent of that is?

Dr. MUNGER. I have no figures, but I can think of 20 instances in my own hospital, and 1 or 2 that surround it that have happened very recently.

Senator LODGE. Of the internes that have been drafted so far, do you know what branch of the service they have been inducted into?

Dr. MUNGER. I have heard of instances of internes who were inducted as privates. I don't know of a specific case myself. I have heard that that has occurred. I was told at a meeting in Pittsburgh yesterday by a doctor from Philadelphia, who is head of a draft board over there, that that had occurred. I think it is the fear that that will occur that has made a lot of these fellows drop their training and go into the reserves.

Senator LODGE. Well, you contend, in other words, that the present system does not serve the health need of the civilian population, and does not serve the health needs of the soldier?

Dr. MUNGER. That is right. I think it is bad for both of them. Of course, Monsignor Griffin has told you of his belief that there are plenty of doctors beyond this training period who—that there are plenty to fill the vacancies in the services. We have nothing to prove that.

Senator LODGE. But there is no way of reaching them, is there?

Dr. MUNGER. Excepting those that might be in the draft age and not have dependents, and so on.

Senator LODGE. I suppose a great many of the doctors to whom you refer are over the draft age, and if they are not Reserve officers there is no way of getting them.

Dr. MUNGER. That is true, unless inducements were offered, better inducements. I think there are a good many men who would welcome going into the service if they felt they would not have to start as a first lieutenant.

Senator LODGE. Would that not be done at some sacrifice to the civilian health?

Dr. MUNGER. Yes, somewhat.

Senator LODGE. Don't we face a situation in this country in which we have not enough doctors for any purpose? We have not enough for the soldiers and not enough for the civilians?

Dr. MUNGER. So far we have had more doctors than the people could support. I think we had more doctors than can make a living, but I do not mean to say by that that we have more doctors than the country needs. We have not as many as the country needs.

Senator REYNOLDS. You have not any more good doctors than the country needs?

Dr. MUNGER. I do not think so.

Senator LODGE. We faced a similar situation to that in connection with pilots. We did not have enough pilots and we did not have enough schools for pilots, and so we have done the obvious thing. We have set up a lot of schools for pilots and we are training a lot of pilots.

Now, is there any insuperable objection to beginning the education of a great many more doctors?

Dr. MUNGER. I think there would be objection to educating any large group, but what this act is doing is to reduce the number already that we are training. If these chaps who are in medical school are not exempted and their exemption continued, we will have less and less graduating. We graduated about 5,200 men last year, and you heard the figure of 4,200 being graduated at the beginning of the first World War, and that dropped to 2,900. We want to keep that number from dropping, and we think a slight increase might be justified. When whatever is going to happen is over, we might have a surplus of doctors and it might create more medical economics than we have had so far.

Senator LODGE. Now, we have all these men in the armed forces and they are there, and we have got to look out for their health.

Dr. MUNGER. Right.

Senator LODGE. As a doctor, what is the right system for looking after their health right now, in 1941?

Dr. MUNGER. Well, I am not an expert on army medicine, but it seems to me we want to get men to take care of them who are competent to take care of them. There would be many facts to that problem, but it seems to me it could be worked out, that the men who are accepted into the Medical Corps are men who are fully trained and are competent to meet the problems that they are going to be put up against.

Senator LODGE. You think there are enough of those?

Dr. MUNGER. Yes; if the ingenuity is used by the service in getting them in. It is the line of least resistance to take these young fellows and grab them while they are young and more or less unprepared, and whatever a lieutenant's pay is looks pretty big to them. It is doing them a dis-service, as well as the civilian population and the Army and the Navy.

Senator MURRAY. Do I understand you to say you are in favor of all of Dr. Fishbein's amendments?

Dr. MUNGER. I am not familiar with all of them.

Senator MURRAY. As I understand, one of his amendments there would not permit resident physicians in these hospitals to remain more than a year.

Dr. MUNGER. I think that, if possible, we should avoid any restrictions. I would not be in favor of that amendment. I think it should be a matter, perhaps, still left to some discretion.

Now, for instance, these fellows who were preparing for, well, let us take the specialty of eye, ear, nose, and throat. There is a certain length of time which a well recognized board, known as the Board of

Codolaryngology, prescribed for their training. I think they should be allowed to take that training, 2 years after internship, I believe, and then they have their requirements for recognition as a specialist to go out and be a specialist.

Senator MURRAY. It is not an easy thing to expand these medical schools so as to increase the number?

Dr. MUNGER. No; that would be difficult. There would be many things that would enter, including the fact that all of these fellows have 4 years of college preparation before they go into medical school, and that college preparatory work has to be directed toward the entry into medical school, then 4 years before you train as doctors.

If we were looking at a long-range program, we could look at it, but nothing for the immediate. The thing we can do is not to lose any that are graduating now, not to scare them out of medical school.

Senator MURRAY. To really increase the number of medical men, you would have to have new medical schools?

Dr. MUNGER. Either new or enlarged medical schools, and a whole lot more money available to medical schools.

Senator MURRAY. So it is our duty to conserve the medical profession as far as possible, and not let it be dissipated by drafting the men into the Army for services in connection with that.

Dr. MUNGER. Absolutely true; Senator.

Senator LODGE. No further questions.

Senator REYNOLDS. Thank you very much. Mr. Barker, please.

Mr. Barker, I believe you are connected with the Association of Medical Students. Please provide the reporter with your address, and let us know your official capacity with this organization.

STATEMENT OF WAYNE BARKER, VICE PRESIDENT, ASSOCIATION OF MEDICAL STUDENTS

Mr. BARKER. I am vice president of the Association of Medical Students, and a student at the University of Chicago.

Senator REYNOLDS. That is a national organization?

Mr. BARKER. Yes. I think it might be well if I described the organizations we represent.

Senator REYNOLDS. Yes; I think it would.

Mr. BARKER. The Association of Medical Students is composed of medical students in 37 medical schools in all parts of the country. Its aim is to serve the interests of medical students and serve the interests of our chosen profession through such contributions as we can make toward elevating the standards and securing the welfare of the profession. It is also our aim to serve the health needs of the people of the country in whatever way we can.

The Association of Medical Students is represented here today by myself and Mr. Thomas Perry. Mr. Perry is National President of the organization, and comes here from the Harvard Chapter at Boston.

Mr. Perry and myself have been sent here through the contributions and efforts of medical schools, and the schools at Boston and at Chicago, and other parts of the country.

Dr. Lippman of New York City will also speak for our organization, representing the Interne Council of America. The council is a large

organization of hospital internes and residents, with chapters in New York, Washington, Baltimore and so forth.

The council's function is to promote interne welfare, to improve the quality of care, and to improve interne education. Dr. Lippman has been sent to Washington by the internes in his hospital, who have contributed money to pay his expenses, and who are covering his service in the hospital during his absence.

Let me say now that our organizations are interested only in maintaining and bettering the health service of all the people, whether in civilian or in military capacities. It is in this spirit that we appear before you in support of Senator Murray's bill.

In our statements we will present to the committee facts and figures for which they have at various times asked, demonstrating that the supply of medical graduates fails more and more each year to fill the present needs of our hospitals for internes, and other facts and figures for which the committee has made inquiry.

These have been gathered by surveys and communications with sources of information throughout the country, and our statements were revised and brought up to date today.

The defense efforts upon which our country is launched have faced us with the urgent necessity of finding the solutions to many problems of production. In breaking these bottlenecks, we must bend every effort to anticipate them if production is to proceed smoothly and efficiently.

The bill which is now before you will, we believe, go far toward preventing a situation which can well be described as a "bottleneck in health." This situation will arise if proper preparations are not made to provide the medical services which will be needed in the days to come.

In presenting our testimony, we would recall to you the words of the President in his speech at Bethesda, Md., last October. He said, "The total defense which this Nation seeks involves a great deal more than building airplanes, ships, guns, and bombs. We cannot be a strong Nation unless we are a healthy Nation."

It is with this idea in mind that we, the Interne Council of America and the Association of Medical Students, ask you to agree with us that health is the first line of defense.

As our production efforts increase, both the possibilities for, and the damage from illness and delay due to illness will multiply manyfold. Increased medical attention to industrial workers will be required. Sufficient doctors must be available to prevent the waste of time, money, and people which is the toll of disease and injury. While we do not feel competent to speak of numbers, we do believe that more doctors will be needed—not less.

And Dr. Fishbein this morning mentioned there were only about 1,000 industrial physicians in the country, and the needs in the days to come would increase that number to about 10,000. I think we can understand the number of doctors to be required.

The medical profession will, in the ensuing days, bear the grave and important responsibility of maintaining the health and the efficiency of those who will do the producing—the farmers, the industrial workers, and those in technical and management capacities. Let me quote the Surgeon General of the United States Public Health Service, Dr. Thomas Parran, who says in reference to this problem—

* * * Their physical fitness, their freedom from preventable disease, their morale or mental stamina will determine almost entirely the effectiveness of all other defense efforts. (Journal of the American Medical Association, July 6, 1940.)

It is significant for us to note where the losses from certain diseases are high. In the steel industry, for example, over a 7-year period the pneumonia rate was approximately 50 percent higher than in all other reporting industries as a group. The death rate from pneumonia in 27 iron and steel towns was 66 percent over that of the United States as a whole. (The Nation's Health, report of the Interdepartmental Committee to Coordinate Health and Welfare Activities, July 1938.) In short, our production workers, aside from occupational hazards, are the groups where such diseases hit hardest.

Dr. Leverett D. Bristol, speaking to the International Society of Medical Health Officers at Detroit, October 7, 1940, said in regard to industrial health problems—

* * * industrial health work should be a strong arm in national defense. Reducing lost time due to occupational and nonoccupational illness and accidents, and cutting down excessive exposure to injurious materials, are part of the industrial health program which will be conducive to maximum national effectiveness. * * * The business employer or the governmental unit that considers reducing its industrial health program at this time, because of what at the moment may seem more important activities is most unwise. As a matter of fact, the needs of national defense require a strengthening and broadening of the entire industrial health program all along the line from private industry to local, State, and Federal jurisdictions.

Dr. Fishbein suggested this morning that, if a physician should not be qualified by the Army for a commission in the Medical Corps, he should be drafted as a private. However it might well be the case that a doctor with special training, in obstetrics or in some research field might be a loss to the community. In view of the shortage which we all expect, no doctor who is qualified for any medical service to the community should be wasted.

We must also consider the needs of the military services. These were discussed at a conference in Chicago of committees of the American Medical Association and the subcommittee on medical education of the (National) Coordinator for Health and Welfare, and reported by the Journal of the American Medical Association of February 22, 1941, as follows:

Evidence was presented at this meeting to indicate that the needs of the Army Medical Department for each of the 5-year training periods set up under the selective service law will be for 8,000 medical officers from civilian life each year.

That the number may be somewhat larger is indicated from our experience in the last World War. According to Dr. Benjamin Black, president of the American Hospital Association (speaking to a meeting of the American College of Surgeons, Chicago, Ill., reported in the New York Times of October 22, 1940) one-fourth of the effective medical profession of the country were called to the colors. In numbers, this was 34,000 doctors, according to Col. N. T. Kirk (New York Times, January 12, 1941).

The unfortunate results of the withdrawal of such a large number of doctors, however necessary, from their patients and the hospitals which they served will be discussed by another speaker.

Expanding and increasing the medical and health services to the armed forces and in production industries must be accompanied by

strengthening our health measures in general. The manpower reserves for industry and for the military services must not be of inferior physical and health quality. Such sources of information as Captain Leone's report on rejections of army volunteers for health and physical reasons, which will be discussed in some detail later, indicate that the general health level must be pushed upward.

Let us also bear in mind that any considerable section of the population in which incidents of disease is high serves as a reservoir of infection which may spread in epidemic proportion. The course of events is such that these reservoirs of disease, menacing to national health and defense, should be quickly eliminated.

We must not forget that though 50,000 of our troops were lost in battle in the last World War, 58,000 in the armed forces were killed by disease—most of them died before leaving the country. It is important to remember that the influenza epidemic alone took 450,000 lives in the United States (J. A. M. A., November 26, 1940).

As Dr. Parran said:

It is wasteful for industry to train a highly skilled employee over long months, only to have him break down suddenly with tuberculosis, mental disease, or some other crippling condition. The expansion of war industries will bring acute problems of housing, medical care and health protection for workers and their families. Our industrial machines are the most efficient in the world. The men and women who man the machines must have a comparable efficiency (Journal of the American Medical Association, July 6, 1940).

We stated that we feared a bottleneck in health. The requirements for producing a strong nation are great. The supply of medical personnel must be able to meet these requirements. The medical personnel of the armed forces is being, and will be further, augmented. At the same time, more doctors will be required to meet the increased needs for medical and health services in industrial, agricultural, and general phases of our defense efforts. The Government services alone, assuming we remain at peace, will require, as has been stated, some 8,000 doctors from civilian life each year. We must not overlook here the great importance of continuation and expansion of research facilities and personnel. The question was asked about research activity earlier, and I think to cite one example, the attention that was paid to malaria, we have much to gain from the expansion of medical units.

You will be told by a succeeding speaker that the present supply of doctors is already limited and why this is so. If our student doctors are not allowed, every one of them, to complete their training, we can easily see that the ability of the supply to meet the needs may be seriously overtaxed. Truly, there will be a bottleneck in health. This situation we hope to prevent. This is our aim in recommending to you the passage of this bill. We believe that this is the only certain way to prevent a shortage in health. Our hope and our desire is to render the very essential service for which we have been, and are being, trained. We are convinced that this is the only course consistent with the needs of the country.

In this connection, Senator Lodge asked this morning whether the service and enlisted personnel of the Medical Corps would not be adequate continuation of the training of the medical and dental students. Of course, the medical schools and the activity of the enlisted personnel in the Medical Corps are probably not very similar.

The medical student in the first 2 years of school is concerned, for example, with formulas and theoretical studies such as biochemistry, bacteriology, and related fields. In the last 2 years of medical school, he is concerned with the application of the treatment to patients. In all this time he has become familiar through laboratory work with such routine procedures as making blood counts, and so on. There would be little to be gained educationally if medical students were required to perform routine tasks day after day. Other duties which come under the heading of male nursing, ambulance driving, and similar tasks, would probably contribute so little in comparison to what the students have to gain in medical schools that the comparison is as Dr. Fishbein put it, the value of medical training that has been gained by the medical student would be infinitesimal.

Senator LODGE. I did not have any preconceived opinion about it at all. I wonder if the soldier might not receive better care.

Mr. BARKER. I think he would. However, we would like to emphasize our feeling that it should be improved as much as possible. That improvement could come about by raising the quality and the training of the medical enlisted corps. We suggested the training as medical and dental technicians in the Medical Corps of men selected for service by the draft boards as most consistent with the spirit of the selective service law. This would allow some of our young men whose opportunities have been limited to better themselves by such training as they might get.

At the same time it would not interfere with medical education as will happen if we expect to get these particular technicians.

Senator MURRAY. No questions.

Senator LODGE. I am interested in that last statement of yours.

Where would you look for, what kind of a background would you require of a selectee whom you would want to put into the Medical Corps as an enlisted man?

Mr. BARKER. I could probably personally give you some outline of what I might think. However, I don't believe that we would be competent to set up such requirements. I do believe that the tests that are being given the men selected and the tests developed are being worked on at the University of Chicago, and would probably answer the question.

I had in mind many young men who are unable to go to college and are not too unintelligent to be developed for that. I would like to continue, if I may, introducing our other two speakers.

Senator REYNOLDS. Yes, Mr. Barker. I think the next one we want is Mr. Perry.

Mr. BARKER. Mr. Perry is our national president, as I mentioned, and will discuss the role of medical education and internship.

Senator REYNOLDS. Mr. Perry, will you provide the official reporter with your full name?

STATEMENT OF THOMAS L. PERRY, JR., PRESIDENT, ASSOCIATION OF MEDICAL STUDENTS

Mr. PERRY. My name is Thomas L. Perry, Jr. I am a third-year medical student at Harvard Medical School in Boston, Mass. I am national president of the Association of Medical Students, and am here today representing my organization, which Mr. Barker has told you something about.

I would like to speak, Mr. Chairman, and gentlemen, on the role of medical education and internship in health service.

Mr. Barker, the preceding speaker, has discussed the important relation which the whole people's health bears to the welfare of the community and to national defense. I should like to consider with you the importance of medical education and of hospital service to the problem of the people's health. I should like to tell you something of the role played by medical and dental students, internes and residents, and of just how they help maintain the Nation's health, and so insure a real national defense.

You will notice that the Murray bill is designed in part to keep a vital section of the medical profession, students, and internes, and residents, at their jobs. I wish to demonstrate that the passage of this bill to preserve first the continuity of our system of medical education, and second, the continuity of hospital services, is essential, if the health of our people and welfare of our whole country is not to suffer.

Our system of medical education in the United States turns out a great number of well-trained physicians. The system has taken many years to build; it is complex and vulnerable. Its output of well-trained doctors and dentists still lags behind our Nation's needs.

Why is the supply of doctors limited today? There are many reasons. The length and expense of the period of training is a big factor in discouraging a young man or woman from entering upon the medical profession. The student of medicine has first to go through 3 or 4 years of college, where he studies the basic pre-medical sciences, such as biology, chemistry, and physics. Then follow 4 years in medical school.

At the end of this period the young M. D. has spent between \$10,000 and \$15,000. And still he is only a beginner. He has learned theory, but is as yet unpracticed. He must go on to take a year, or preferably two, of internship in an approved hospital. Here he learns to practice those diagnostic and therapeutic procedures which he has studied in medical school.

Only the highest ranking college students are ever able to gain entrance to medical school. Only those students who are comfortably situated financially can afford to go through medical school. Even so, I would point out to you that in my own medical school—Harvard Medical School—sometimes considered a rich man's school, one-third of the students are forced to work for their living in out-of-school hours in order to be able to finish their education. The length of the medical course and its great cost do definitely limit our country's supply of doctors.

Another more serious factor limiting the output of well-trained doctors is the inability of the country's medical schools to train more students. The Journal of the American Medical Association for March 15 states:

The approved medical schools with their present facilities cannot increase the size of their classes without sacrificing accepted educational standards.

Last year 5,100 young doctors were graduated by the country's 67 approved medical schools; in 1937, 5,400 doctors were graduated by the same schools. Of this group, Dr. Morris Fishbein has said:

They call on us for 8,000 physicians a year. Only 5,200 are graduated annually, and yet there is not special consideration for deferment of medical students and internes.

I can give you, gentlemen, a specific indication of the already serious shortage of medical graduates, by telling you that there are not enough young men and women graduating from our medical schools today to fill the internships available in the hospitals.

In 1938, 317 internships in hospitals approved by the American Medical Association could not be filled. In 1939, 344 positions could not be filled. Last year, 1940, the figure had risen to the alarming total of 615 internships for which there were no candidates.

You will easily see from these figures that already there are too few doctors graduating from medical school to meet peacetime needs.

I would like to answer some of Dr. Fishbein's points at this moment. I think it is appropriate.

We medical students are naturally in favor of exemption, of deferring students from the reputable schools, and we appreciate Dr. Fishbein's position, his interest in bettering the standards of the medical profession when he mentioned to you this morning that there are three schools which at present do not come up to standards required by the American Medical Association.

One of his amendments was a suggestion that students in these schools and graduates of these schools should not come under the provisions of the Murray bill when it was passed. The feeling of the Association of Medical Students is that there is such a great need for doctors today, there is such a terrific shortage, and we cannot possibly afford to waste them, and we feel that what should be done is that the American Medical Association should take immediate steps to help improve the conditions of these three unrecognized schools or such of them as are capable of being improved.

And we would like to suggest to the American Medical Association that they should see to it that the standards of education in these schools are improved, and we are opposed to that amendment which he suggested to exclude the students in these schools and graduates of these schools.

We need more students and we need more medical schools. It is perfectly true as has been pointed out by several speakers today that our medical schools at the present time cannot turn out more students. We feel what is really needed to meet the emergency are scholarships provided by the Government, Government endowment of the medical schools so they can expand their facilities.

I would like to go on with my report.

As I have suggested before, medical training necessarily includes an internship. Medical science has advanced so far today that it has reached a point where the medical school, for all its painstaking effort, is considered by the introduction to medical education. Dr. Lewis Hill Week, director of Johns Hopkins School of Medicine, says:

Medicine is today such an all-embracing subject that only a very small fraction of medical knowledge can be presented to the student within a space of 4 years. The limitations of a 4-year course have resulted in postponement of a large measure of technical training of the physician to post-graduate years.

In brief, the internship and residency, those years of living in and study at the hospital, are universally recognized as basically requisite to the practice of our profession. Indeed they may be likened, if we take recourse to another field of special training, to solo flying. It is well recognized that ground training and theoretical preparation do not suffice the aviator's needs; that he must go through his solo flights before he is prepared for the practice of aviation.

Similarly, the medical graduate must have a thorough internship with the experience and assumption of responsibility that only such training can give, before he can be considered to be prepared to practice medicine.

You will note that I said "a thorough internship," for we cannot but believe that certain compromise suggestions which have been advanced, such as drafting a man upon completion of medical school or after 1 year of internship, would constitute a retrogression and a withdrawal from medical advances. Nor can we consider that service with the armed forces in a medical capacity is in any sense an adequate substitute for a thorough hospital internship. For the interne this would be practice with a selected population under selected conditions which cannot take the place of an internship; for the armed forces, it would be giving them physicians who, by the high standards of modern medicine, are not fully trained.

Gentlemen, I have told you something of the nature of the medical student and intern's training, and of its importance in the production of doctors really capable of caring for the health needs of the men in our armed forces, and of the men and women who remain to work in the factories and fields. I described to you the limitations which already exist in our ability to produce such doctors.

What of the health needs of our country? Do we really have enough doctors?

The present need of our armed forces has been estimated at 8,000 medical men a year. In civilian life this body of the population was served by 1,000 to 2,000 physicians. We have, therefore, an immediate need for 6,000 to 7,000 new doctors. These men are necessarily withdrawn from some phase of civilian medicine, and a gap created which must be filled quickly.

Further, the rising cost of living with its attendant economic hardships, and the industrial speed-up with its attendant increase in industrial accidents and the need for improved industrial medical hygiene add their part to the burden. The scattered outbreaks of influenza which we recently witnessed should serve to remind us that that fearful acquaintance, the epidemic, or even the mass epidemic, the pandemic, of influenza is on our threshold. It is well known that the influenza waves of the 1890's and 1918 were not isolated, but were the periodic visits of a disease which is cyclical in its appearance. And another wave is just about due. Not only will it be aggravated by the unsettled conditions of the time, but, I might say, medicine is hardly better equipped to stop its spread than it was in 1918.

And, finally, let us consider the findings concerning the physical condition of our young men coming for Army service—both as volunteers and draftees. What shall we say of these results?

Dr. G. W. Leone, captain of the Medical Corps, writes in the *J. A. M. A.* concerning volunteers for the Regular Army, men between 18 and 35, from New York City:

* * * More than 32.5 percent of nearly one-third of all the applicants who presented themselves for physical examinations * * * were found to be physically unfit to be soldiers. (Among a similar group of draftees the figure was about 27 percent.) Failure to meet the dental requirements stands out as the most important cause for rejections, 23 percent. The next in importance as a major cause for rejection was the failure to meet requirements in vision, 21 percent. Most of these young men who could not see well enough to become soldiers did not wear glasses. Fifteen percent were rejected because of their inability to meet the requirements for height and weight. The majority fell into

the group that was underweight, and showed signs of undernourishment, and were potential candidates for tuberculosis. A little more than 10 percent were rejected because of poor feet * * *. The fifth major cause for rejection was due to failure to meet the hearing and ear requirements. There were * * * 10 percent in this group. The majority of those rejected in this group were found to be suffering from purulent otitis media in acute or chronic form in one or both ears, and associated with impaired hearing.

I would like to say now that our next speaker, Dr. Lippman, has some practical evidence and will be able to quote you cases.

That almost one-third of our young men are found physically unfit for Army service is disturbing news. Are they not by the same token incapacitated for civilian life; and is it not incumbent upon us to see to it that these men receive adequate medical care?

In the face of these considerations, you should be made aware that under their present status, numerous interns and practicing physicians have already been drafted and are now serving as privates in the Army.

Further, that until recently the graduates of all foreign medical schools except the Canadian were denied the right to commissions as medical officers. This latter condition received partial rectification by the recent granting to the graduates of British and Scottish schools of the right to serve as medical officers; but the just request of the graduates of continental schools, the majority of whom are, indeed, American citizens who sought their training abroad, has been ignored. Of these drafted physicians and foreign graduates, you will hear more shortly. For the moment, I should like to point out that their services have not been put to use.

At this point I would like to tell you something about these foreign graduates, who they are and why they went abroad.

At the present time there are about three or four hundred medical students in this country who were studying in Scotland at the outbreak of the war. Some of them have been able to regain admission to medical schools here and some have not, but in the cases of many of these students, they sought the advanced training which was offered in certain European centers, in Great Britain, in Scotland, in Austria and Germany, and many of the students went abroad to gain the experience that a continental education could afford them.

It would seem a great shame not to use their training and use them as medical men in the Army when they return to this country. As you notice, the Murray bill provides that such graduates of foreign medical schools shall be American citizens and licensed to practice in this country.

I myself have attended a foreign medical school. I studied at Oxford University, and I am now studying here, and it seems to me definitely unfair not to allow the graduates of foreign medical schools, who are licensed to practice in this country and who are in many cases as capable as American graduates, to give their services.

SENATOR REYNOLDS. Did you graduate from Oxford?

MR. PERRY. No. I started there. I am a third-year student at Harvard now.

In line with what I have said now, I should like to express my doubt that the amendment which Dr. Fishbein suggested this morning that only doctors who were eligible for license in a majority of the States would be subject to the provisions of the Murray bill. I wonder whether the graduates of foreign medical schools are eligible to take the State examinations in a majority of the States, and I think if

we followed this suggestion of Dr. Fishbein that a great deal of confusion would be introduced.

For instance, the Army might want to use the medical services of a graduate in Scotland, and they would have to send out questionnaires to all the various States asking, Do you license graduates of a Scottish medical school? and a great many months might pass before the Army would find out if they were able to use him.

For that reason, I think the bill as originally introduced by Mr. Murray is much simpler and would avoid this difficulty.

I would like to go on reading from my report.

It is obvious that there is a great need for more and better medical care for the country. What happens if we stop producing doctors, or if we fail to use our doctors in medical capacities? History helps answer that question. Let us therefore turn our attention for a moment back to the last World War.

During the last draft in 1917, the Journal of the American Medical Association points out that 40 percent of the interns of five leading Chicago hospitals were drafted; and a similar situation existed elsewhere. During this period, 85 percent of medical students were subject to the draft. The results of such a policy became manifest in a fashion that would be ludicrous if it were not so serious.

In the Los Angeles County Hospital, one of the largest and finest hospitals on the west coast, of the 26 new interns, no less than 11 were graduates osteopathic colleges, and one a graduate of the Oriental University, a notorious correspondence school for medicine; and this case is but one among many.

The Journal of the American Medical Association remarked that it hoped that the condition was only temporary. We feel that such a situation should not come to exist at all. In New York City, health facilities were so inadequate to cope with the situation that Health Commissioner Royal S. Copeland took the unusual step of calling on the district leaders of the political parties to use their party machinery to hunt out influenza cases. And we find the culmination of such developments.

In 1917 the mayor's committee of New York City adopted a resolution calling the attention of the Secretary of War to the serious effects of drafting medical students and internes on the civilian population.

Great Britain had her troubles in the medical sphere also in the last war. The proportion of the physicians to the civilian population decreased to such an alarmingly low level—one doctor for every 6,000 people (in America today the figure is about 1 to 800)—that official commissions were actually sent to this country in an effort to procure physicians from the United States. And at the height of the war effort in 1918, the London medical correspondent of the Journal of the American Medical Association wrote:

Urgent representations have been made to the Government as to the threatened shortage of physicians due to the withdrawal of students for combatant service. A number of third-year students have been allowed to return from active service to complete their studies, and students on the way to qualifications * * * are being allowed to complete their studies.

It is interesting to note in this connection that the Rockefeller Foundation has just announced a plan whereby British medical students will be brought to this country to continue their training in American schools.

I have described to you the importance of preserving medical education in both the schools and in the hospitals. I have mentioned the national need for more and better trained doctors. We have seen the results of the mistakes made in the last war in not conserving the Nation's medical personnel.

I should now like to deal briefly with the necessity of maintaining the continuity of hospital service. This is the second major aspect of the problem I am considering. The Murray bill is not designed alone to preserve the continuity of medical education, by granting deferment from military service to students, internes and residents. It is designed also to insure continued adequate medical care for the 10,000,000 sick people who enter our hospitals each year. It is the internes and residents, of whom we have been speaking, who are the doctors to these people.

Let me tell you something of the magnitude of our hospital system, and of the service it renders the American people. According to a census of March 1941, there are 6,291 registered hospitals in the United States. Registered hospitals are those which meet the minimum requirements of the American Medical Association as to principles and ideals; they constitute 98.5 percent of all the hospital structure of the country.

Within this category of registered hospitals, there is a subdivision of hospitals approved for interne training. These hospitals are those deemed by the American Medical Association not only as suitable for the care of the sick, but also satisfactory for interne training. There are 1,039 approved hospitals, or about one-sixth of the total registered hospitals.

In 1940, the 1,039 approved hospitals contained 473,142 beds, and admitted 5,317,302 patients for treatment.

In 1940, the 5,252 other registered hospitals contained 815,042 beds, and admitted 4,770,246 patients for treatment.

Although internes and residents are to be found in all registered hospitals, most of the 11,000 of them serve in the approved hospitals, where 54 percent of all hospital patients are treated.

Summarizing these figures, we find that our American hospitals admitted over 10,000,000 sick persons for treatment last year. We find that on any one day these hospitals care for 1,000,000 sick people on their wards. And the "family physician" to this enormous group of patients is the body of interns and residents of whom we speak. Truly, they have an extensive practice.

When we say that the interns and residents are the physicians of the hospital population, we do not forget or detract from the worthy and very important service rendered by the other categories of hospital workers and by the visiting physicians who help direct and advise on procedure. But we must maintain that the interns' work is vital. The interns are the backbone of the hospital system.

You will ask what does the intern do. Exactly what services does he perform in the hospital? Let me give you briefly a very few examples.

There is an accident in the street in one of our larger cities; or perhaps a patient is reported dying of pneumonia, without medical care, in some home unable to afford a physician's care. The intern rides in the hospital ambulance to the scene. He ascertains the condition of the sick or injured person, and renders what immediate medical care is

necessary. If the patient is sick enough, the intern brings him to the hospital in the ambulance.

Such patients, arriving at the hospital, are received by interns in the admitting room, where a rapid presumptive diagnosis is made, and the patient accordingly transferred to the suitable division.

If the problem be considered an emergency, the patient is remanded to the emergency ward, where he is immediately seen by the intern and resident, who administer emergency treatment, such as oxygen therapy, sedative drugs or medicine, transfusion, spinal tap, splints or casts, or decide on immediate operation.

Upon decision to operate, the visiting physician—generally a private practitioner who gives his services to the hospital—is called in. He goes over the case with the house staff (that is the intern staff), and the intern or resident and the visiting physician together perform the operation. After this the patient is returned to the ward under the watchful care of the intern until the post-operative period is past.

If the case is not considered an emergency one by the admitting physician, the patient is sent into the ward and is there seen by the intern, who makes a thorough examination, and orders the necessary medicines and treatments for his or her care and comfort.

Further diagnostic procedures, depending upon the nature of the case, when decided upon by the visiting and house staffs, are carried out by the interns and laboratory workers. These might include various types of blood studies, X-rays, lumbar punctures, et cetera. The direct day-to-day care of every patient is in the hands of intern, resident, and nurse. This is true even of private patients, as the private physician cannot visit his patient more than once or twice daily.

Upon sufficient improvement, the patients are discharged from the hospital; but this does not end the interne's contact with them, for upon return to the out-patient clinic for a periodic check-up, they are again seen by the interns, who see to it that they stay well.

The interns' work is so organized in the hospitals that every intern and resident has his own job and his own responsibilities. There are no reserve interns. When one intern is withdrawn from the house staff by illness, or by being called for military service, an extra burden is placed upon all the other interns, already employed full time in the hospital. This can only be compensated by reducing the care and attention received by each patient. This fact will be further demonstrated to you by Dr. Lippman in his testimony, when he quotes from the experiences of hospital superintendents.

In brief, there are not enough enterms for our hospitals, and any withdrawal of men in training from the intern corps of the hospital system will serve not only to hamper, but even to demoralize, the hospital service. In the last analysis it is the hospital patients who will suffer if interns are removed from the hospitals to serve in the armed forces.

I would like to interject at this point that the Association of Medical Students and the Intern Council agree heartily with Dr. Munger's testimony, and we feel it is very important that the Murray bill should cover interns and residents and we find ourselves in what I might say quite decided nonagreement with Dr. Fishbein who would exclude internes beyond their first year and exclude residents from the protection of the Murray bill.

In summary, gentlemen, I have told you something of the whole process of medical education, and of the vital part it plays in supplying our country with well-trained doctors—doctors capable of serving the health needs of the men in the armed forces, and of the whole American people, on whose health the country's welfare and defense depends. I have stressed the fundamental part which the internship and residency play in any doctor's education.

I have mentioned that the number of men and women being graduated each year by our medical schools is insufficient to supply our hospitals with all the interns they need; and that our medical schools are today incapable of producing more doctors, without lowering their educational standards.

I have told you something of how our complex hospital system works, and of the vital service which the internes and residents perform in caring for 10,000,000 sick people every year. I have demonstrated to you by references to our Nation's health at the present time, and to the experiences of this country and of Great Britain in the last war, the crucial importance of the doctors in time of war, as well as in peacetime.

In short, we have seen the necessity of:

- (1) Maintaining the continuity of medical education;
- (2) Maintaining the efficiency of hospital service; and
- (3) Conserving our country's medical resources by using doctors as doctors in civilian life and in the armed forces.

We internes and medical students, representing the Interne Council of America and the Association of Medical Students, can tell you that the younger generation of American medicine is most vitally interested in preserving the health of the people and the Nation's welfare.

Passage of the Murray bill will insure that medical and dental students, internes and residents, shall be able to finish their education, and later serve the people's health needs as skilled personnel. It will insure that doctors and dentists inducted into the Army shall serve in their respective capacities, as commissioned medical and dental officers. We believe that passage of the Murray bill will solve the problems which I have discussed.

In concluding, may I quote at some length from a recent report by Dr. Ray Lyman Wilbur, chairman of the Council on Medical Education and Hospitals of the American Medical Association. Dr. Wilbur states:

Under the selective-service regulations, except for the current year, there is no exemption provided for medical students, nor have we protection in the law for instructors, residents, internes, hospital staffs, and faculties of medical schools. What happens to them depends on the gambling chances of a numbered selective service and the wisdom or lack of wisdom of the draft boards. Because of inattention, or for some other reason, we have neglected to give the protection to medicine that was found requisite through our own experience during the last World War, and that has been generally accepted by belligerents in the present war as a sign of reasonable common sense.

It would seem about time that those who believe in what medicine can do and in its destiny should again take hold of the situation and give the public and the soldiers the protection that in a long war can come to them only by maintaining our student bodies in the medical schools, our faculties of medicine, and our staffs in the hospitals. There should be no element of chance in this matter. We should do what we have to do with devotion to the requirements of our country in time of strain; but we as medical men should have as to what is important in medical training and in the maintenance of our medical institutions * * *.

While we can drain off a certain number of our active practitioners into the service of the Army, Navy, and Public Health, we cannot diminish the numbers taking medical training, nor can we speed up that training beyond a certain point without obtaining an unsatisfactory result.

We must guard against having them diverted into some form of required military service so that they are lost to medicine. If those in authority in this country are wise, they will make provisions through legislation so that no medical student can be drafted or volunteer and so that those who are proposing to study medicine are given adequate trial before they are drafted into some other line of duty.

We who represent medical schools and medical institutions should take the active responsibility of seeing that medical institutions are not hampered or destroyed or even materially handicapped. We must see that they are kept at their task of preparing as large a number of well-trained men and women in the field of medicine as physical and clinical facilities permit.

I would like to conclude my remarks dealing with the aspects of Dr. Fishbein's testimony. It seemed to me Dr. Fishbein did not call clearly for the deferment of all medical students. He suggested, as I understand it, that only those students who are recommended as valuable students and students likely to turn out to be good doctors, recommended as such by the dean or faculty of the medical schools, should be subject to the provision of the Murray bill.

The Association of Medical Students, which I represent, believes any student who is capable of studying in an approved medical school, who is now studying there, is deserving to be allowed to continue his studies. We think that Dr. Fishbein's suggestion of first surveying a medical school or doctor's antecedents is highly dangerous and not in accordance with the democratic principle for which the whole democratic program is designed.

I have traveled around many medical schools and come in contact with students all the way from Detroit in the Middle West to Massachusetts and as far south as South Carolina. I have met a great many from a great many medical schools, and I have been worried by the fact that in many medical schools there is a great discrimination against students on account of their beliefs, on account of their race, on account of their color.

It seems to me Dr. Fishbein's testimony—at the close this morning in which he suggested that it be left to the deans or to the faculties of medical schools to determine what students were worthy of being allowed to continue their studies—opens the way to very, very dangerous continuations of this discrimination.

I would like to tell you a few things. First of all, in a way it is rather amusing about the Murray bill itself. In some medical schools students have actually been threatened that they would be dismissed from school or they would lose their scholarships if they supported the Murray bill or wore buttons which called for the passage of the Murray bill.

In other schools, students who have attempted to join my organization, the Association of Medical Students, which is the only national organization, have been discouraged and told they would lose their scholarships and would not be recommended for internship, and in one or two cases they would be expelled from school.

Another thing, take the case of the Negro students. I am worried should this provision be introduced in certain schools, the authorities would not feel it important to allow a Negro student to continue his studies. I can tell you that in the past 15 years at Harvard

Medical School there has been no Negro student admitted, although we have a very eminent Negro professor.

Recently a brilliant Negro student attempted to gain admission to Tufts Medical School, and only with great difficulty and after a great deal of effort was he able to do so, and then only for the first 2 years. He was told there was no room to do clinical work, that the patients in Boston did not want a Negro student treating them.

I want to say a little more about this, and particularly to you, Senator Reynolds, because my home is actually in North Carolina, and I was born there, and know something of the conditions there. Last summer I worked in Fayetteville, N. C., for the Rockefeller Foundation, doing public-health work, and I was really shocked to see the terrible health conditions there. In our county health department we had 900 patients, all of them Negroes, who were coming in for treatment of syphilis. We had patients coming in with pellagra, chronic malnutrition. The health department in this particular county was responsible for rendering care to indigent patients.

There were about 23 physicians in the county, of whom only 1 was a Negro, and he was obviously incapable of carrying all the Negro patients, and the health department had that job.

And I used to see, day after day, sometimes 50 or 100 patients, poor people, Negroes, white people, Indians, with one disease or another, coming in for medical care, and we had 1 physician in our health department who was responsible for giving it, and he was absolutely swamped. He could not possibly take care of 100 patients a day. If he took care of 10 he was doing well. It struck me there was a terrific need for many more Negro doctors in North Carolina.

I understand that during recent years the number of Negro doctors in the United States has decreased in number, that fewer Negroes are graduating from medical schools and taking up practice than are dying off. Therefore, I and my associates would be strongly against any wording of the Murray bill which might permit Negro medical students not to be allowed to continue their work.

The same thing applies to Jewish medical students. In my experience where I have interviewed a few students of medical schools, I have been shocked to hear the expression of anti-Semitism which come out against—students who say we admit only non-Jewish students to our schools.

It seems to me that the Jewish students in medical schools are likely to suffer if the provisions that Dr. Fishbein suggested should come into force. The same thing I think applies to Catholic students. Some medical schools are largely consistent of Catholic students, but other schools, particularly those in the South, would have few Catholic students, and I think it would be a great injustice for the Murray bill to be phrased in such a language that the Catholic would be discriminated against.

Finally I would like to ask exactly what Dr. Fishbein means by "subversive activity." I wonder if by "subversive activity of medical students and doctors" he means activity of the group health association here in Washington.

It seems to me that perhaps Dr. Fishbein, when he pointed out the importance of no subversive activity of medical students and looking into antecedents very carefully, might have been worried about the

interest they might have in group health practice and health insurance. Our association of medical students takes no stand on these things. We are interested in it and, at many of our medical schools and hospitals, we hold meetings where we have speakers for both sides presenting the problem, because we think they are important problems of the day, and we think the students should be allowed to have these interests.

I should like, in concluding my testimony, to urge that the Murray bill be preserved in its present form, and that it be specific, that the bill be specifically worded so all medical students in approved schools, all interns, and residents shall be subject to the provisions of the act, and not those interns and those students who are recommended by certain members of hospital staffs or school boards.

Thank you very much.

Senator REYNOLDS. We are very much obliged to you.

Senator MURRAY. I don't think I could bring out anything more. I think Mr. Perry has covered the field very well and I want to congratulate him on his very brilliant statement. I think he has contributed much to the enlightenment of this committee and to myself, although I am the author of the bill. I enjoyed listening to him here today.

Senator LODGE. I don't think there are any points that I have in mind that Mr. Perry has not touched on and I am very pleased to have heard his statement and I think it is outstanding.

Senator REYNOLDS. We are very much obliged to you, Mr. Perry. We are proud of North Carolina.

Senator LODGE. We are proud of the Harvard Medical School, too.

Mr. PERRY. I would like for you to call Dr. Lippman. He will give the exact cases where interns and residents have been drafted. Thank you.

Senator REYNOLDS. Doctor, if you will be good enough to bring to the attention of members of the committee those particular points that you desire us to give special attention to, then we will have the entire statement of yours incorporated in the record for the benefit of the other members of the committee who were not able to be here today on account of other committee meetings.

STATEMENT OF DR. RICHARD W. LIPPMAN, CHAIRMAN, COMMITTEE ON NATIONAL HEALTH DEFENSE OF THE INTERNE COUNCIL OF AMERICA

Dr. LIPPMAN. I am Dr. Richard W. Lippman, of New York, chairman of the committee on national health defense of the Interne Council of America.

In order to evaluate the situation, the Committee on National Health Defense of the Association of Medical Students and the Interne Council of America sent letters to over 700 superintendents of hospitals approved for internship by the American Medical Association. The letter asked for a statement describing the effect of selective service upon their hospital. Some 170 answers were received which gave informative material. These letters speak for themselves, and I will present you with abstracts from the significant ones:

This is from Dr. Charles L. Clay, superintendent of the James W. Jackson Memorial Hospital, Miami, Fla.:

I am not interested in protecting any individuals from being called, but I do want to emphasize both the desirability of completing the medical education of these doctors without interruption, and what is of more immediate importance to the citizens of Miami, the dependence of our people on the charity wards of the hospital for their medical care when they are seriously ill. During the last fiscal year we took care of 63,900 patient-days of charity patients, 25,800 visits to the emergency room, and 50,000 visits to the out-patient clinic. The interns are of great importance in this work. Medical practitioners who are engaged in their own practice, and under present conditions may be expected to be even busier through covering the practices of their associates who have been or may be called in the military service, cannot be expected to handle the situation.

Our local draft board can be expected to cooperate within its discretion, but when the new interns begin their terms of service they will still be subject to call from the draft boards in a dozen or more different cities where they were residing to attend school at the time their numbers were assigned, and we shall then be dependent on the views of as many draft boards, which may not be at all interested in the problems of Miami. I think it would be better to have the whole thing regulated uniformly throughout the country. I believe that the end result will be better than under the present chaotic condition.

From Ralf Couch, administrator, University of Oregon Medical School Hospitals and Clinics, Portland, Oreg.:

The National Defense and Selective Service Acts are making inroads on the graduate staff of the University of Oregon Medical School Hospitals and Clinics both with reference to internes and residents. It is our feeling that medical students, internes, and residents should be expected to do their part in the national preparedness and training program, but that this preparative training should be deferred until after completion of their medical education, both undergraduate and graduate, based on the premise that a physician is more valuable at this time.

From Dr. George N. Curtis, superintendent, Salt Lake City, Utah:

Already we have felt the effect of the draft on our internes and staff members. Two of our staff men have been called and another has been ordered to report the first of May or June. These men have been serving three different clinics in our out-patient department and it will be very hard to fill their places. We had to let one senior interne.

Another expects to be called any day by the National Guard of Iowa. Others have had their numbers drawn and they may be called within a short time. I am indeed in favor of conserving the medical and dental resources of the country and know that the attempt to call our young medical students before completion of their schooling and also the depleting of our medical staff, both internes and resident staff, will work a hardship on the hospitals throughout this city. I do not know how we will be able to care for the sick and injured of this community, if many more are called.

From Dr. Charles W. Sult, Jr., chairman, intern committee, St. Joseph's Hospital, Phoenix, Arizona:

At the beginning of this intern year our hospital staff consisted of a medical resident, a surgical resident, and 5 first-year interns. After 3 months service, one resident was called to the Army. The other left to substitute for a young local physician who was called to the Army. At the present time, with 5 first-year interns, we are greatly understaffed, making it necessary for each interne to carry a heavy service which interferes with his application to detailed study of exceptionally interesting cases. A great number of our regular attending staff members have been called to service, depleting the medical services in the community. This in turn increased the demand on the hospital staff. Our interns for 1941 have signed their contracts, but we have no assurance that they will be permitted to comply with the terms of their contract.

From Stewart B. Crawford, superintendent, Maryland General Hospital, Baltimore, Md.

The Maryland General Hospital has been literally engulfed, for many months in a rising demand for hospital accommodations. Largely through lack of forethought on the part of our governmental fathers, we are faced with a distressing shortage of trained, competent personnel to meet this demand.

Senator LODGE. What is the explanation for that?

Dr. LIPPMAN. I think there will come out in the course of my testimony the disproportion between the number of graduates and the positions available, on top of which can be piled a certain amount of drainage as the result of ordering interns holding commissions in the Reserve Corps to duty as well as the drafting of some.

I am going to read some more of these letters, because they are so impressive. I have some fifty-odd statements that I have selected as being the most relevant and submitted them for the record.

I am just going to tell you now they are all along this line. There is hospital after hospital that says it is unable to fill the positions; they have lost 25 percent of their interns.

I might mention that the University of Michigan hospital here says it has lost 15 out of 35 interns already as a result of Reserve officers being ordered to active duty. This reflects a real and immediate crisis.

From Dr. A. C. Kerlikowske, assistant director, University Hospital, Ann Arbor, Mich:

Would say that approximately 15 of our staff members have been called into active duty. We feel reasonably sure that other members of our resident staff will be called during the year.

Dr. Fishbein has suggested that hospitals curtail all rotating internships to 1 year. We cannot agree with this proposal. This was said in 1918 too, and at that time Dr. Goldwater, then commissioner of hospitals in New York City, and a committee of New York physicians pointed out the inadequacy of 1 year's internship and the dangers to hospitals of such a policy. Educationally this would represent such a backward step in medical education as the American Medical Association has in the past condemned in Nazi Germany. We believe by that Dr. Fishbein would demolish the greatest accomplishment of the American Medical Association, our medical educational system.

More seriously, you have already been told that there were over 600 unfilled internships in 1940. About 6,700 internships are offered annually, according to the American Medical Association. Contrasted with the 5,100 graduates, this represents a surplus of 1,600 positions.

In addition, there are about 4,000 normally filled by second-year internes residencies offered each year. These men, too, are essential in the provision of hospital services, as Dr. Munger pointed out. If internships are limited to 1 year, and residents are not included in the provision of this bill, the way is still left open for the removal of about 50 percent of resident hospital staffs, and the problem of medical service in our hospitals is left unsolved. Our hospitals could not furnish medical service of anything approaching the present quality with half, or even three-fourths of a staff.

Dr. Fishbein has asked that internes be deferred on the basis of eligibility for licensure in a majority of the States. We believe that such a provision is unwise. If it were adopted, graduates of approved schools who accepted positions in unethical inadequate hospitals would be deferred. We feel that deferment should be on the basis of service in ethical registered hospitals, providing adequate medical service.

This, gentlemen, which you have heard, is the expression of the hospitals of the country, agencies which are organized not for per-

sonal gain, but to perform service to the people of this country. This, gentlemen, reflects a situation leading to some peculiar anomalies. Some doctors and dentists serve as privates or perform non-medical duties in the armed service, while the civilian agencies providing for the health of the people are inadequately manned, and fear further and more complete disjointment and demoralization.

From the beginning of our activity upon this subject, we have simultaneously attempted to deal with various aspects of the situation through administrative channels; the advisory committee on selective service told us that blanket deferments were impossible, and each case would be handled by the local selective board, and decided on its individual merits. We asked whether a recommendation would be sent to the local boards, urging them to be aware of the importance that medical training and service be maintained without interruption. We felt that without such a recommendation, local boards, composed largely of lay individuals, would be unaware of the magnitude and importance of our situation. The advisory committee advised us that such a recommendation would be contrary to the provisions of the Burke-Wadsworth Act.

However, evidence of administrative recognition of the problems covered by S. 783 is found in the statement made by Colonel McDermott, Selective Service Administrator for New York City on December 8, 1940, when he said:

It is therefore felt that local boards, with properly exercised discretion in individual cases, may prevent any hardship either to the individual or to the community in the case of the induction of any young interne, resident physician, or physician preparing himself as a specialist, or other young doctor or dentist in the category to which you refer in your letter.

The Adjutant General's office has informed me that there is at present, and that there undoubtedly will continue to be, a shortage of Medical Reserve officers. I have been further assured that if a young doctor volunteers for induction under the act, or is otherwise inducted for training, such doctor will be given a commission as a Reserve officer, providing that he is a graduate of a medical school approved by the American Medical Association and can otherwise pass the necessary qualifications for a commission as a Reserve officer in the medical corps.

Likewise, on March 7, 1941, Lieutenant Colonel Koontz, medical administrator of Selective Service for the State of Maryland, issued instructions to the local draft boards of that State, instructing them to defer medical students to their graduation.

Administrative handling of intern problems has been characterized by an absence of uniformity. The local boards, as lay individuals, cannot be expected to have any clear understanding of hospital and health problems. As a result, individual decisions have placed interns and residents in every possible category. Many local boards have tried to escape a decision for the time being by placing interns in class 1-d, as students, thus deferring them until July 1 when the question of their indispensability will again arise. In our survey of classified interns, approximately 20 percent have been placed in class 1-a. Of these about one-half have been reclassified on appeal—15 percent have been placed in class 1-d, 60 percent placed in class 2-a, 10 percent placed in class 3-a, and the remaining 5 percent scattered through other classes.

The confusion of the local boards has also been reflected in the frequent cases concerning interns and residents in which a man has been classified, only to be reclassified on one or two further occasions, as the board changes its mind or receives further information. Most

of the deferments have been granted only to July 1, when these cases, too, will be subject to reconsideration.

Medical and dental students have not been faced with the problem of finishing their training in acute form, as they have been automatically deferred until July 1 of this year. That they will be faced with it soon is indicated by the hundreds of answers to our questionnaire received from 32 schools. Here again we find local boards reaching divergent decisions. One would expect medical students to be automatically placed in class 1-d, as students. Yet actually they have been placed in random categories, with regard neither to their status as students, or as future doctors. For example, of 84 students whose classification has been examined in the Boston area, 68 were placed in class 1-d. This refutes the idea that by classification in 2 these men will be reserved for training. The remaining 14 were scattered throughout the various classes, again reflecting the lack of uniformity which prevails in local board decisions.

More disturbing are the comments that medical and dental students have made in their letters. I will quote some samples—from widely separated points in this great country:

They state that they have no authority to defer me beyond June 1941, and probably will not do so.

Will be called July 1.

According to the law we're to go, but they hope something will be done before.

Not a chance of further deferment, according to the present set-up.

Insofar as I can find out I'll be in 1-d until July 1, then 1-a. They say I'm no privileged character.

One member stated that I would probably be called for service in November unless there was a national ruling. The local board in my town leans over backward to avoid any appearance of partiality. They are guided, I take it, only by national rulings.

They said that when my turn came to be called up, then I should receive no special consideration due to my medical training.

Told by my local board that there was nothing to keep me from going after July 1 as a buck private.

Let me end this recital with a quotation from a letter written to me jointly by seven medical students at Western Reserve Medical School.

As regards information concerning our status given us by our local draft board, may we say that in general it is elucidating in its negativity. It leaves only pessimism in our minds as to our future in medicine, and disillusionment relative to our value to society as medical students and prospective physicians.

Another form in which difficulty has arisen is leading to even more serious consequences, as later testimony will show. Many young interns and residents, holding commissions in the Medical Reserve Corps of the Army, have been ordered to active duty, in some cases depleting hospital staffs, and interfering seriously with hospital services. This is another problem which might be handled administratively but is not, and further supports our contention that legislative enactment is necessary.

Despite the statement from the Adjutant General's office mentioned by Colonel McDermott, qualified medical and dental practitioners are serving as privates at the present time, it has been impossible for us to secure anything like a complete list of men in this situation. They are afraid to have their cases made known. However, a representative of our committee visited several of the camps. On March 4 he visited Fort Hancock, on Sandy Hook, N. J., and found a former pediatrics instructor of his stationed there as a private. In addition

to being a medical-school instructor, this physician had been carrying on important research in infant nutrition. At the camp, he worked as a clerk in the hospital mornings, and drilled with the troops for the rest of the day.

Two other physicians were serving in the kitchen at Fort Hancock but could not be reached.

On March 6 he visited Fort Dix, in New Jersey. There he found seven physicians and two dentists serving as privates. There may have been more. These were the ones he found. Several of these men had received commissions weeks before, but had not been ordered to active duty, and continued with their previous assignments. Most of these men are attached to the reception center at Fort Dix, doing some first-aid work, combined with other duties.

On March 14, he visited Camp Upton, at Yaphank, Long Island. He was unable to locate any physicians serving as privates there. However, he spoke to the physicians assigned to the recruit reception center infirmary. The new men stay at Camp Upton only 3 days, but all are examined by these physicians. One of them said that while he had been serving there, 10 physicians had passed through his hands as privates.

It is interesting to note another observation of our representative in view of Senator Lodge's question about care of the men who are already in. At Fort Dix he saw the officers in the medical regiment engaged in training troops in battle maneuvers, with no medical duties whatever.

In a public speech, Dr. M. Hine, of the Chicago Dental Society, said that he knew of 50 dentists serving as privates. Senator Warren Barbour recently made a public statement in response to the many letters he had received from New Jersey physicians, protesting the use of physicians that they knew as privates.

Recent reports have said that dentists are serving as privates because the Dental Reserve Corps list is full, and that they will be given commissions when places are available. Such statements have appeared in the public press from spokesmen for the Army. Let me present in answer a statement from Dr. Basil G. Bibby, dean of the Tufts College Dental School.

I wish to register a strong appeal that arrangements be consummated to prevent the Selective Draft Act from operating to interfere with the supply of physicians and dentists. The necessity of maintaining the supply is, of course, obvious. At the present time the dental schools are not turning out graduates to supply civilian needs, let alone those of the Army. If a large number of dental students are withdrawn from the schools, this number will be further reduced. Already one-third of the dental students in this school have received their draft questionnaires. The resultant reduction of the supply of dentists is obvious.

A further consideration is that the loss of tuition from such a group of students will make it almost impossible for this school to continue to supply training at the present level. Experience in the Boston Dispensary, with which this school is associated, has established the fact that there is already a shortage of young dental graduates. All four of the interns who were in service there have gone into military service. Attempting to maintain the service at that institution by the use of dental students is already interfering with our teaching schedules and placing an additional burden on the school.

Comment is hardly necessary to point out how unwise is the use of dentists as privates in the Army, when dental defects constitute the largest single cause of draft rejections.

Presented evidence, as well as Dr. Fishbein's statement, establishes the deficiency of medical and dental personnel today. We feel that

every effort should be bent to meeting this deficit, and to efficient use of such personnel in order to prevent a more disastrous shortage. Under present legislation doctors and dentists are being used as privates. These men were adjudged competent to practice medicine by proper legal bodies. They have been withdrawn from civilian practice, and are conferring no benefit, medically, upon the Army, only serving to aggravate the present shortage.

For this reason, we believe that the amendments should provide for such men being given commissions.

As written, the bill provides that a physician may be refused a commission if adjudged mentally or physically unfit. This, of course, will allow the Army to refuse a commission if it so chooses. But, at least, such a provision places the burden of proof upon the military agency that the man is not suitable for a commission.

The list of supporters for the bill has grown steadily to formidable proportions. I am going to read some abstracts from the more significant statements we have received.

From Dr. Ray Lyman Wilbur, chairman, council on medical education and hospitals of the American Medical Association, and president, Stanford University, "Statement in favor of the Murray bill."

It takes a long quarter of a century to make a doctor. Modern medicine's requirements are so many and the responsibilities of the physician are so great that only by training that extends 8 years or more beyond the high school can it be hoped to develop well-trained physicians. Only a certain number of men and women are adapted to medical work or have an interest in the long, hard struggle to get a medical education. The demand for well-trained physicians is growing and will grow materially as more and more of our citizens go into military service of one kind or another. Every student now in an approved medical school in the United States should be allowed to continue his course if we are to have enough physicians to meet the requirements. In dealing with these students and interns, we are in no way asking that they be exempted from military service. On the contrary, we are simply asking that they be trained for the much needed type of service which they, as trained physicians, can render. Under present conditions, we can graduate about 5,200 physicians per year. The majority of these will be required for military service alone after they graduate. Medicine is one of the strongest arms of adequate defense. Only by the most thorough training can men become competent in it. We should not only insist on all of our medical students continuing with their work, but we should protect the medical faculties from too great losses by enlistment and preserve our hospital staffs to such an extent as is necessary for health service. In addition, it is important to discover as early as possible those students in colleges and universities who are suited for medical training and who are willing to enter upon the long, hard course of study and give them assurances that if they start on such courses of study and do their work well, they will be allowed to continue until their training is complete.

From Dr. Charles S. Bacon, professor emeritus of obstetrics, University of Illinois:

The physicians, especially those connected with hospitals, and teachers in medical schools remember the scarcity of medical service in the first World War. Before the United States entered the war the British Army was suffering from a lack of physicians and dentists and a number of doctors from the United States entered the British service. After we entered the war the demand became so great for our own service that there was a scarcity in the communities and hospitals of the United States. I knew of several hospitals which had to get along with one-third or one-fourth of the interns they had previously engaged. Many of these interns were poorly qualified and the medical service was of a decidedly inferior character.

In the Army the belief was current that the war might last 2 or 3 years longer. The Surgeon General of the United States Army appealed to the medical schools to speed up courses so that a larger number of medical men could be obtained for Army service. The University of Illinois Medical College, in accordance with

the suggestion of the Surgeon General, adopted a quadrimester system giving practically a continuous medical course in order to graduate an extra class.

This experience suggests that if we go to war again there will again be a great demand for more physicians, including dentists. Even if we do not get into the war, the defense plans call for a large army which will show an increased demand for doctors. It therefore seems desirable that medical students should be encouraged to continue with their studies and should be exempt from the draft.

It may be urged that students should not be exempt from the draft however their future depends upon their continuance in school. Whether this argument applies to other students, it should not apply to the medical students, whose course of training is considerably longer than that of those who expect to go into some other business or profession.

It therefore seems reasonable that for the good of the students themselves and for the community for whose service they are preparing, this amendment to the Burke-Wadsworth bill seems very desirable.

From Dr. Ralph R. Byrnes, dean, Atlanta-Southern Dental College:

Small towns particularly are being depleted of dental health service by reason of those dentists therein in the selective-draft age obtaining commissions in the Dental Corps of the Army or Navy. This may develop into a national dental health service deficiency of serious proportion.

In an address on October 24, 1940, in Louisville, Ky., Brig. Gen. Leigh C. Fairbank, senior dental officer of the United States Army, advised that the Military Establishment "must have nearly 2,500 dental officers around the first of the year; the total number will be 3,000 by April 1, 1941. The Government will get them and dentistry must be prepared to meet this need, for when mobilization starts, it rolls right along. In fact, it is a program of mobilization which covers a period of 5 years and the Government is certain to call for 3,000 dentists per year over this entire period—a total of 15,000 dentists." In the same address, General Fairbank stated that he had been advised that the dental schools of the country were graduating an average of 1,800 new dentists per year. In a recent issue of the Tennessee State Dental Journal Dr. Elmer Best gave some figures which showed that for the period from 1930 to 1939, the average number of graduates per year was 1,427. Dr. Best's figures also showed that during the period when the largest number of graduates were entering the profession yearly, the period from 1910 to 1919, the average number of graduates per year was 2,477.

These figures show that at the present time, the dental schools of the country are graduating only about one-half the number of dentists who will be needed by the Military Establishment alone, and indicate that men already established in the private practice of dentistry will be withdrawn from such practice to the extent of 1,500 to 2,000, or more, during each of the next 5 years. This, of necessity, must place quite an additional load upon those remaining in private practice, to meet the needs of the public for dental service. The full weight of this additional load, however, cannot be appreciated unless we take into consideration the fact that for a period of several years, now, dentistry has lost approximately 2,000 men per year, through death, and retirement from practice of those who are no longer able to meet the demands of the tedious techniques of dentistry because of old age or other disabling factors.

It would, therefore, seem imperative that some steps be taken by the Government to safeguard the supply of personnel to the health professions, both from the standpoint of maintaining an adequate number to meet the needs of the Military Establishment and, also, the needs of the population outside the Military Establishment.

The Committee on the Study of Dental Practice, in its report, *The Practice of Dentistry and Incomes of Dentists in Twenty States*, published in 1932, showed that the average dentist spent 47.3 weeks per year in his office, worked 46 hours per week, and treated an average of 8 patients per day; taking care of 430 different patients during the year. It was shown that about 21 percent of the population received dental service during any one year and that many of those receiving dental service had emergency service only. On the other hand, if every dentist were an average dentist seeing 430 patients per year, less than 21 percent of the population could receive service in a year with the present personnel rendering such service. It is also interesting to note that if every person in the population needing dental service should apply to the present personnel rendering such service, and could be allotted their proportionate share of the dentist's time, such a person could receive only one hour's dental attention during the course of the year. Data compiled by Dr. Otto Brandhorst, of St. Louis, Mo., shows that the amount

of work needed in the average individual's mouth would require 14.41 hours of the average dentist's time for completion, which shows conclusively the wide gap between the service needed and the ability of the present personnel to render that service, and furnishes additional evidence supporting the contention that steps should be taken by the Government to safeguard the supply of personnel to the health professions.

It seems strangely inconsistent that the Army should tell us that they need the services of dentists to the extent that it will become necessary to take large numbers of them out of private life to meet the demands of the Military Establishment, and yet the selective-service mechanism is such that numbers of dentists have been inducted into military service as privates, for line training. One specific instance of this is the case of Dr. W. Roger Fain, a graduate of our 1940 class, who was serving an internship of a year in the Murry and Leonie Guggenheim Dental Clinic in New York City but who was drafted by his local board and is now a private in the One Hundred and Second Medical Regiment, Company I, stationed at Fort McClelland, Ala. Dr. Fain had made application for a commission in the Dental Corps of the United States Naval Reserve, but had not heard from his application at the time he was drafted. Another instance is that of Dr. J. L. Howze, of the class of 1933, formerly of Lake Wales, Fla., who, we are advised today, has been inducted into the Service as a private. A short time ago we were advised, unofficially, that there were 22 dentists in this, the Fourth Corps Area, who had been drafted into the military service as privates. However, the two instances cited are the only specific cases where we are able to call names. It certainly seems that it would be possible for the Director of the Selective Service mechanism to issue instructions to the various local boards that such highly specialized personnel as physicians and dentists should receive deferment until they are called into service as officers to fill the needs of the Military Establishment for physicians and dentists.

Another argument for the passage of the Murray bill, as I see it, is the fact that by affording the student in professional life deferment until graduation it will be possible for the present educational institutions to continue to supply at a normal level the demands for new personnel in the profession. If no deferment can be offered the young man who is able financially to prepare for professional life, so that he may pursue his course to completion without interruption by a year of service in the Army, a great many of them will no doubt secure employment of some type until they are called for their year of service, thus cutting down the number who might otherwise enter upon the study of a profession.

It would seem that the Government should afford some type of deferment to professional students, or undertake the training of a certain proportion of draftees, who are properly qualified from pre-professional training, at Government expense under some such set-up as existed in the Student Army Training Corps during the World War No. 1. Of course, many features of this type of training were undesirable from the standpoint of the professions, and had they been pursued to the completion of the course, as outlined, they would have resulted in large numbers of the professional personnel being returned to civil life with less training than their fellow practitioners.

Thank you for this opportunity of expressing a few views in support of the Murray bill.

From Dr. Marshall Davison, medical director, Cook County Hospital, Chicago, Ill., March 14, 1941.

The attending staff of Cook County Hospital is a cross section of the outstanding medical men of the city of Chicago and of the teaching faculties of the various medical schools in the city. They feel that it is their direct responsibility to maintain a high plane of intern and medical-student education and in so doing maintain the adequate professional care which is now given to the civilian population. It is their opinion that the medical education and internships of young doctors should be completed in order to provide a source of supply for future medical officers of high caliber in the armed forces, since there will undoubtedly be a shortage of medical men unless all are assigned to the Medical Corps. They are also of the opinion that interruption of the fundamental training of such men before completion of their medical education and internships will only serve to lower professional standards of the younger graduates and will liberate to the public men of inadequate medical training and experience.

It is the sincere wish of the attending staff of Cook County Hospital that the students and interns be allowed to continue their period of medical education and internship in a special classification, that such education will not be interfered

with by conscription until it has been completed, so that only well-trained individuals will be assigned to the Medical Corps of the Army and Navy or will be available to the civilian population.

When the selective-service bill was first passed, there was an immediate upsurge of interest, on the part of medical students and interns, in the effect this bill might have upon medical education and hospital service. The interest culminated in the appointment of a joint committee of the Interne Council of America, and the Association of Medical Students, which visited Washington, D. C., and interviewed representatives of the Surgeon Generals of the Army, Navy, and Public Health Services, as well as the Advisory Committee on Selective Service. At these interviews specific questions were posed, intended to clarify the matters in which we were interested. The questions in essence covered the provisions now included in S. 783.

The committee found that the law did not permit the administrators involved to assure us that the principles in which we believe would be followed. These principles were:

(1) Maintenance of continuity of medical training and of the efficiency of hospital service is essential to the health and welfare of the Nation. Therefore, the military service of those involved in such education and service should be deferred until their training is completed, and until proper replacements are available in the mechanism of hospital service.

(2) Medical and dental curricula and postgraduate training (in the form of internships and residencies) should be neither condensed nor curtailed during peacetime.

(3) Proper use of our health personnel, of which there is a shortage, both in civilian and military life, requires that physicians and dentists in military service should be used only in medical or dental capacities.

(4) Physicians, entitled to practice in civilian life, should not be discriminated against, regardless of whether their medical education was obtained in this country.

We decided that some form of legislation was necessary to safeguard American health, and were fortunate enough to find that Senator Murray was sufficiently impressed with our presentation of the problem to introduce a bill at the last session of Congress, and with the expiration of the last Congress, Senator Murray's continued interest and help resulted in the introduction of S. 783, which is corrected for errors made in drafting the previous bill.

We have presented, during the past few hours, evidence to substantiate our fears of last September that administrative regulation is not a sufficient safeguard for our nation's health system, a matter of paramount importance. The facts show that hospital services have been seriously affected already. These facts have been garnered from California to Florida and from Texas to Minnesota. Even more important, hospitals and the younger medical men are facing demoralization. This is the natural consequence of insecurity and fear on the part of the hospitals that their services will deteriorate for lack of men, and on the part of the men that their training will be disrupted.

Various objections to the passage of this bill have been raised:

We have already dealt with the argument that this bill is unnecessary, that its end could be accomplished through administrative handling. The Burke-Wadsworth bill provides that each case must be decided on its merits by the local boards. The local boards, on the other hand,

act with no consistency in the absence of a national regulation, and with little understanding of the necessities of medical service.

It has been said that no exceptions should be made, and that this bill would provide other groups with an excuse to demand exemption from selective service. When selective service was adopted, the plan was intended to provide for deferment for those in occupations vital to the national welfare. That was the meaning of "selective service."

Colonel Hershey has stated:

The purpose of the Selective Service System is inherent in its title. It is designed not only to select those who can best serve their country by receiving military training but also to select those who can best serve their country by continuing the functions they are now performing. Naturally there is a vital need for medical services in the armed forces, and an equally vital need for such services to the civilian population, and this is true in peacetime as well as in war.

Health is the Nation's first line of defense. Health is too uniquely important for us to permit chance decisions to disjoint systematic health protection. There is precedent for national regulation of this type. In 1917 this same problem was solved nationally by Executive order of President Wilson only after chaos had developed. He had this power under section 4 of the Selective Service and Training Act of 1917. With section 5E of the Burke-Wadsworth bill in mind, legislation will be necessary if the problem of medical personnel is to be dealt with wisely and uniformly at this time.

It has been said that in this bill we are using standards, those of the National Board of Medical Examiners, which have not been established by law, and would never be accepted by Congress. We wish to point out that there are no uniform legal standards applying to medical schools and hospitals, and that the agency whose standards we recommend is of universally recognized professional standing, used administratively by Government agencies that deal with such matters.

The facts that we have presented warrant immediate action and we respectfully request a favorable report of this bill.

What we ask should be clear. We do not express unwillingness to participate in national defense. We ask that the country learn from its bitter past experiences, and the lessons being learned by other nations today. Britain has learned, and has provided regulations essentially similar to those which we propose. Yesterday I read in the New York Herald Tribune that upon suggestion of the marquess of Lothian, the Rockefeller Foundation has appropriated \$100,000 to bring British medical students here to finish their training. Even Germany has learned to the extent that a year ago they asked Jewish physicians to return, with a so-called guaranty of immunity. We do not plead for exemption from service. We ask for a period of deferment in order to finish the training of the most valuable of skilled professionals, and in order to continue the important health services of this country.

Our time in the hospitals is not always a particularly pleasant time. It is hard, demanding life, harder even than Army life in many ways. Yet we enter it knowingly to perform a service to the community, and to prepare ourselves for a life of better service. We are proud to be members of a profession that from time immemorial has dedicated itself to human welfare with a willingness to make any sacrifices to save human life. We are not pleading for special privileges. We are asking for preservation of a vital service to the community, at a high standard we have won through many years of effort.

Senator REYNOLDS. Thank you very much, Doctor.

Do you want to ask any questions, Senator Murray?

Senator MURRAY. I would like to express my appreciation of the witness' very able presentation of the case here in support of this bill.

I think he has shown very diligent study of the problem and has furnished this committee with very convincing proof. It seems to me that the proof he has presented here is unanswerable. I want to congratulate him on his very able work and I also want to thank the other witnesses who preceded him. Mr. Perry and Mr. Barker presented very able statements in support of the bill, and I certainly appreciate the support they have given this proposed legislation.

Thank you.

Senator REYNOLDS. We are very much obliged to you, Doctor. It is now 5 minutes of 5. We can hardly hear more witnesses this afternoon. If there are other organizations which have representatives here and are desirous of having those representatives discuss this matter, we will be very glad to hear them tomorrow, after which we will hear the representatives of the Selective Service System, as well as the War Department.

We will adjourn until 10 o'clock in the morning.

(Whereupon, at 5 p. m., an adjournment was taken until 10 a. m., tomorrow, Wednesday, March 19, 1941.)

DOCTORS AND MEDICAL STUDENTS UNDER THE SELECTIVE SERVICE

WEDNESDAY, MARCH 19, 1941

UNITED STATES SENATE,
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The committee met, pursuant to adjournment, at 10 a. m., in room 318, Senate Office Building, Hon. Robert R. Reynolds (acting chairman) presiding.

Present: Senators Reynolds (acting chairman), Thomas of Utah, Schwartz, and Johnson of Colorado.

Present also: Senator James E. Murray.

Senator REYNOLDS. The committee will come to order. Senator Murray, the author of this bill, desires to call a witness at this time.

Senator MURRAY. Mr. Chairman, at this time I would like to call Father Alphonse M. Schwitalla, who is here in the room.

STATEMENT OF FATHER ALPHONSE M. SCHWITALLA, PRESIDENT OF THE CATHOLIC HOSPITAL ASSOCIATION, WASHINGTON, D. C.

Father SCHWITALLA. Presiding Senator Reynolds, Senator Murray, and members of the committee, I am speaking here as president of the Catholic Hospital Association, though most of my time, as a matter of fact, is taken up by the deanship of the school of medicine, so I believe I can approach this problem at first hand, and I shall try to reconcile some of the difficulties that came up here yesterday, and I hope the chairman of the committee will limit my remarks in any way that he pleases. Although there is a great deal I would like to say, I do not know how much time you want to give me, so stop me when you desire.

With reference to some of the viewpoints expressed here yesterday, I think we ought to keep at least in mind, and remind ourselves, we are really working in a national emergency, and we are not going to get far in the solution of this problem, as I see it, without considering the inconveniences, for we are all going to be exposed to some inconveniences.

Efforts have been made to reduce the inconveniences that are going to be entailed to the Nation, and its medical schools, and efforts have been made to reduce these inconveniences, and assure proper medical care by different agencies who have been working very hard, and whose efforts should not have been overlooked.

Personally, I know the inconveniences could have been made far more severe than they have been, and it is due to the efforts and view-

points of men like Mr. Dykstra and the selective-service organization, that many of the inconveniences have been reduced.

Then there has been the attitude of the War Department, which I think, in many respects, has been very much more cooperative than has been true in many circles, and I think the most recent move of the War Department with reference to the senior medical students, in granting them an opportunity to accept commissions—even those who have not been in the R. O. T. C., and had the R. O. T. C. training is evidence of the sincerity of the War Department in meeting the very grave problem we have before us.

The purpose of that was to give medical students the opportunity to get internships and I believe the War Department was entirely sincere in the move that they have made, although, frankly speaking, I have heard from many medical students of more than one school to the effect that the effort was not sincere, and that the whole purpose was to get their hands on medical officers as soon as possible.

Now, we have no evidence for that, and I think the evidence is just in the opposite direction, and I want to testify here and report my satisfaction of the moves that have been made to relieve the present pressure on the schools of medicine and students of medicine. I also want to say a word about the efforts of men, like Mr. Brown of the American Council of Education, who have been trying for this, not only from the viewpoint of the schools but the viewpoint of the students. I think those efforts should be evaluated at their full value. There is no question there has been a good deal done to relieve this.

Then the efforts of the committee on preparedness of the American College Associations and also of the American Medical Association have resulted in a great deal of understanding, and I think have relieved the anxieties of many of our students of medicine.

Now, I think, Mr. Chairman, that one of the best contributions that I can make to this discussion is to show how this selective service plan works out in one school, to let you see concretely and in detail what the difficulties are, what the schools are confronted with and what the students are confronted with.

If you will bear with me, I will make this as brief as possible, but on the other hand, some little detail is necessary.

Congress has seen fit to adopt a certain pattern for its selective-service program. It may have adopted any one of half a dozen of the programs that have been considered. Perhaps some would have been better, and some less, though they have tried to provide by the wisdom that was accumulated by the last terrible experience.

I want to be as emphatic as I can to say the selective-service plan now in operation is a workable plan. I also wish to say, considering the circumstances under which the selective-service plan has to operate, it is undoubtedly doing a splendid piece of work.

But once we grant the pattern that has been laid down by the Congress, the only wisdom is to work within that pattern unless it appears to be impossible. Is it impossible? I want to proceed with reference to the schools first, and secondly with reference to the hospitals, and generalize as far as circumstances and time will permit on those two examples.

I am directing a school in which there are 420 medical students. It is one of the large schools, and it is a school that draws its student body from every State in the Union. Therefore it is not a localized

school. It makes a strong appeal to Catholic students, but only 62 percent of the student body is Catholic, so it is not a Catholic school in the sense it takes exclusively Catholics, although it is Catholic in its administration, but there are a number of students in that school of other denominations.

I mention that because there might be a possibility of misunderstanding due to the fact I appear before you as a Catholic priest.

Of these 420 students, first of all, all students registered, I insisted on complete registration, even though some would not be affected by registration because they were already Army officers, as a matter of fact, in the R. O. T. C. All registered because I wanted to keep a complete picture.

Up to March 1, 1941, 165 of those students have received their questionnaires. Therefore, they are already taking the initial steps toward induction into the Army. Two hundred and forty-five registrants have not as yet received their questionnaires, so that gives you in a rough way what is the percentage of boys immediately affected by any policy that is implicit in Senator Murray's bill.

Senator THOMAS of Utah. May I break in there? Were all of your men within the ages?

Father SCHWITALLA. Yes. There is nobody exempt from the age business. I am talking about the medical students.

Senator THOMAS of Utah. They are all over 21?

Father SCHWITALLA. They are all over 21. I think there was one boy over the age limit but outside of that one person they were all within the age limits.

Senator THOMAS of Utah. That again, then, of the 465—

Father SCHWITALLA. Four hundred and ten.

Senator THOMAS of Utah. That is the true figure.

Father SCHWITALLA. That is the true figure of the number who are affected by any legislation.

Now, of the 165 who have received questionnaires, 104 have been classified and therefore 61 still await classification.

Now, of these 104, 69 were classified in 1-b deferred until either July 1 or commencement day, and our commencement day happens to be June 2, so that these boys are in the deferred classification until June 2.

Thirty-five have been put into other classifications. Only 1 so far has been put into classification 2, meaning, of course, those that are deferred on account of their occupation, 9 were deferred or rather put into class 3, as having dependents, and 22 were put into class 4 as having already fulfilled their obligations to the Army.

Now, what about the anxieties? To summarize this situation briefly, 244 are still anxious because they have not received their questionnaires; 69 are going to be anxious because they do not know whether they are going to be put into class 2.

What I have done about the situation is chiefly this: I want to point out I am dealing with 133 local boards in 37 different States, affecting this particular group. I have written to every one of those local boards, and I have called attention to the fact that these students that have thus far been put into class 1-b will have to be classified in time for July 1, or when our school closes on June 2. All of my contacts with local boards, I want to say, have been quite different from the implication of some of the remarks made here yesterday.

I have found the local boards very helpful, very eager to work with the schools, except in 1 case. They have seen the importance of the medical problem. As far as this situation goes, as far as my relations with the local boards go, I want to testify to the fact that my letters have been understood by them, and they have sent me very intelligent letters in answer. I do not feel there is any failure on the part of the local boards at all, and I cannot criticize them in fairness to them.

Of course, the local boards have been instructed, as you know. I think some of the letters that have gone to them have made this situation very clear to them. I think the letter that was sent out by General Hershey a few days ago is an admirable piece of instruction. It emphasizes the military obligation, and it puts into juxtaposition the obligation for health facilities, so I have no quarrel with that.

As far as medical students themselves go, there is undoubtedly in the whole group under my care very serious unrest. We have to recognize that, and that has to be, I believe, handled by the local authorities. It has to be handled by the deans and the instructors, but the whole situation is such as was described by some of the student body of some of these schools. They are uncertain. They have not been able to plan. Their parents are doubtful about the future. They are doubtful about how to budget their expenses for the next year. They do not know whether the student is going to be allowed to come back to school.

I think much of the uncertainty rests on the fact the parents have not understood the Selective Service Act. There seems to be no way of quieting them down. They do not seem to understand the problem. I suppose the parents' anxiety enters into this picture to a large extent, and I suppose the boy's anxiety too is a thing that enters into his own picture.

My practice has been to take each one of these students who has a problem and sit down and talk with him and show him there is an obligation to the Nation and to his own folks, and he has to find some way of adjusting himself to the situation.

Now, in addition to this, I think, Mr. Chairman, we have not yet succeeded in putting our finger on the real problem in this matter, and perhaps not even in Senator Murray's bill. We have to keep up a supply of physicians. What are we going to do about the incoming classes? There is a situation we are not properly meeting in the way an intelligent nation might approach the matter. It is not only the students in medical school, it is the students coming.

Senator REYNOLDS. Pardon me, you have reference to those who have finished their premedical courses?

Father SCHWITALLA. Yes, sir.

Senator REYNOLDS. Or are now engaged in that.

Father SCHWITALLA. Yes, they are the ones who are most concerned about the future, and they are the ones the opportunity of a medical career—

Senator REYNOLDS (interposing). Do you know the number of students taking premedical courses at the present time?

Father SCHWITALLA. I think, Senator, even though we knew that number we could not do much with the number. It seems to me the number of applicants for schools of medicine might give you some indication. The number of applications runs up to 22,000 but the number of applicants this year is probably not in excess of 9,000,

keeping the ratios as they have been in previous years. Statistics are available on this over a long period of years. Of these 9,000, not more than 5,000 will be taken into schools of medicine.

You will ask why. There are any number of reasons which can be assigned. First of all, scholarship. Most schools of medicine try to select students on the basis of scholarship. I will not take a student who has failed in the chemistry sequence in college. We have enough experience along that line and other schools have their reasons for not picking certain students. I am not confident at all the number of applicants is going to help us on the question, but I am seriously concerned about those boys, even those taken have their problem to meet, and I can see there is a certain amount of justification for their anxiety in the face of the present situation.

Whether the selective service pattern will work out is a question they are constantly asking. For the present, if the schools bear their responsibility, if they continue the proper ratings and certifications and so on, they will meet the problem.

With reference to the student now in school, it seems to me the problem is not as large as has sometimes been said it is, because you can defer these students, again you can get them into class 2, and it is not such a terrible burden to report to the local board every 6 months, and you must have that for the reason students drop out of school and they should not escape selective service if they drop out, but every 6 months they should report to the local board.

But I am very seriously concerned about these students in any school of medicine, and I want to see a continuing supply of physicians assured to the country for the reasons Dr. Fishbein outlined.

That is the first part of my presentation, Mr. Chairman. There is a lot more to be said.

Let us take a look into the actual hospital situation, as I have given an example of the school. I am talking as the chairman of the University Hospital in St. Louis, and secondly talking as chairman of 5 hospital councils, and then, of course, my information about the 650 Catholic hospitals in this country, many of which have written to our office; I am talking about an institution in which there are 27 resident physicians, that is, men who are pretty well along in their studies, who have finished their internship, and the three programs, and are in preparation for specialists. Twenty-seven of that category and 21 internes. The reason we have such a small number is we are using senior medical students for internes, a situation I would like to see changed because the supply is not large enough.

The inadequacy of internes is not due to the situation in the military world, but to a very large extent to the fact that there are many more internships than internes.

Of this group of 48 men, 27 residents and 21 internes, the situation is briefly this: Of those 27, 11 are Army officers already, and have commissions in the Medical Reserve Corps, and those 11 are subject to call at any time by virtue of their oath of office, and having accepted from the Government such training as the Government has given them. That leaves 16 others that have not received their questionnaires. Therefore, obviously, Mr. Chairman, 11 of these boys are subject to call at any time.

Of the internes, 4 are Army officers, and 17 are therefore subject to the selective service. Of the 17, 11 have not received questionnaires, 6

have been classified, 1 in class 1-b, 1 in class 2, 1 in class 3, and 1 is over the age limit, so we have a situation, you see, that is rather serious.

Of this total of 48 men 13 are subject to call at any time. If those 13 were to drop out suddenly from the hospital it would undoubtedly create a very serious situation for us.

Now, we have had difficulties with some of these men, and what has been my experience with them? I have in general had a very satisfactory experience. With reference to some of these R. O. T. C. officers, I have represented their problems to the Surgeon General, and I think again that the Surgeon General takes a very broad and liberal way of handling these cases. We are in a very favorable situation, and I offer this as an optimum condition.

On the other hand, many hospitals are not in as favorable a condition as this and I have had literally hundreds of letters from hospitals complaining about the withdrawal of these men. When you ask how many have been withdrawn, the anxiety is not based on the actual withdrawals, it is the anticipated fear there will not be enough internes available for carrying these responsibilities.

Mr. Chairman, there is a very, very important question we have to bear in mind. The whole situation has thrown literally an indescribably heavy load on the hospitals, and this is the problem of increased load with reduction of personnel.

Is it avoidable? I think Senator Murray's bill will come very near to the whole situation. I have no illusion it will solve the problem entirely, because the difficult point is the national situation, as I see it, and therefore I am for Senator Murray's bill because I know it is going to bring a little relief into a difficult problem.

What is the burden of the hospital? For anyone that has not worked in a hospital, I think it is quite impossible to appreciate the burden the hospitals have been asked to assume.

Let me give you an example. There are hospitals all over the country which are offering services for medical examining groups of our local boards, and secondly the hospitals have been asked to function as medical appeal boards. The hospital personnel, and in many cases, the hospital facilities, are given for that purpose.

Then, in addition to this, I know of at least three in which there has been a necessity for the creation of an auxiliary medical board to service an area because the local boards have been swamped, and the hospitals have cheerfully taken over this responsibility altogether without remuneration.

I know also of instances where on account of local conditions, physicians who have been appointed to examining boards have had to resign one after another. I have several in mind where the personnel has dropped from five men to one man, because the physicians are reaching a point where you simply cannot carry the responsibility indefinitely. They have to care take of the civilian needs at the same time.

There are hospitals acting as laboratories doing Wassermanns, and other examinations. There are hospitals also that are centers for more or less extraneous medical activities. The hospitals are carrying an enormous load just at a time when there is an appreciable reduction in the personnel.

Is it the fault of the Selective Service Act? I do not think it is fair to say that. It is because of the general situation and there-

fore any relief you can give the hospitals would be a very welcome relief, and I think Senator Murray's bill affords some little help in that respect.

Just a word about the suggestions that have been made here yesterday morning. In reference to the suggestion about the granting of commissions to all medical students, I would like to give you a certain amount of background to that suggestion in Senator Murray's bill, first of all because of the difficulty we have had in the last war.

The S. A. T. C. did give the Government a hold on these military men. I think the thought behind the S. A. T. C., the philosophy behind it, and the philosophy behind the Selective Service Act are two different things, and I recognize this difference. I am not at all sure we can put all medical students into the philosophy of the Selective Service Act at this time.

I see all those differences, and those are real problems in my own mind. In general, I would like to strengthen the hold the Government has on the medical men, because I think the boys have generally welcomed it. There are other groups that do not welcome it. I am perfectly frank and outspoken about it to show you I appreciate the other side, too. I think, therefore, Senator, that that section of your bill is highly desirable if it can be carried out.

I am sympathetic with Dr. Fishbein's view that you simply cannot give these commissions right and left to anybody that comes along, because, after all, the Army does not want everybody right and left any more than medicine wants everybody that has a medical degree. You cannot give those commissions without some form of restriction.

I feel the same way about the other suggestion of Dr. Fishbein made yesterday for an amendment of your bill. What was the other point? I have forgotten what it was just offhand. It seems to me I would go along with him. What was that point, do you remember the second amendment he suggested?

Senator MURRAY. I do not have it here.

Father SCHWITALLA. One was about the commissions.

Senator MURRAY. That was the one concerning the suggested amendment in the following language: "Eligibility to appear for examination of licensees," and so forth?

Father SCHWITALLA. Yes; there is a problem in connection with these schools. The American Medical Association, as you know, has worked with those schools over a long period of years in trying to get the situation adjusted and thus far has not been completely successful. There is a very decided improvement in these schools. Those schools should become eligible and this is a very good time to emphasize on the American Medical Association the desirability of still closer contact with those institutions, but until the program in those schools is brought up to the point it is at least a minimum program, I do not see how you can expect those schools to be accepted. I have had considerable experience in dealing with schools of medicine, and I am confident, in order to have the medical care we are responsible for, you cannot expect the American Medical Association to completely unbend on its standards. Therefore, I would like to endorse the suggestion of Dr. Fishbein in general, and I would like to say I am strongly in favor of some remedial measures, such as can be brought about by Senator Murray's bill. I do not believe it can be based upon legitimate criticism in the administration of the Selective

Service Act of the selective-service group. I think it can be based very largely on the injection of the very trying situation we are confronted with, and the Selective Service Act is a means whereby that can be surmounted.

With reference to the broad aspects of the plan, I think if we can find some way to take care of the incoming classes and assure them that the medical student is being protected in his professional aspirations, we are surmounting one of the great obstacles this situation has created.

Senator REYNOLDS. Any question, Senator Murray?

Senator MURRAY. Father, if the provisions contained in this bill of mine had been incorporated in the original act, it would have avoided all this confusion, would it not?

Father SCHWITALLA. Senator, I think once you grant the performance of the Selective Service Act there should be no group exemption. You close the door to anything of the kind suggested in your bill. I think the thinking at the present moment is something like this: we all grant there was merit in the idea that in a democracy, if there is to be conscription, the proper way to do it is to treat everyone alike as much as possible.

I do not agree with the policy myself, but I can see some people would be carried away by that. Now we are at a point where there is a practical break-down of that thinking, and that practical break-down probably lies in the field of medicine. You cannot think of medicine and some of the other vocations in the same terms. I cannot see any merit in the thinking that, if you grant exemption in one field, you have to act likewise in another.

Senator MURRAY. We are not granting exemption.

Father SCHWITALLA. I mean deferments.

Senator MURRAY. Medicine is recognized as just as essential to the national defense as the armed forces.

Father SCHWITALLA. I see.

Senator MURRAY. We are seeking to have the Government take full advantage of the available medical service this country can render, and if we do not follow it out in the form in which this proposed amendment is proposing, then we are going to have confusion and we are going to lose severely in the matter of medical service to the Nation.

Father SCHWITALLA. I think some of the selective-service people would go along with that thinking if they could.

Senator MURRAY. Is it not true that a good many of the local boards recognize that, and feel it would be much better if they had a provision of that kind in the bill so that they could be guided by it because they are under constant pressure in the community. If one boy is deferred on account of being a medical student, another family will complain about it?

Father SCHWITALLA. Yes, sir.

Senator MURRAY. And that puts the local board on the spot, as it were, and makes a very difficult situation for them. So, if you have a provision right in the act you could escape all that pressure.

Father SCHWITALLA. There is a good deal of merit in what you say. I happen to have a letter of that kind where the local board had approximately 42 men and of those 42 men No. 16 happened to be a

medical man, and that meant No. 17 had to move up and No. 42 who would have been deferred for a longer period had to move up also.

The local boards are exposed to all that pressure.

On the other hand, I think local boards have taken a rather broad interpretation about this whole thing. I think your concern for the hospitals is an indication of your insight into the problem. The hospitals are confronted with an impossible situation, and if this does not go through, the hospitals are going to have a very, very hard row to hoe, many times harder than the last time, and for many reasons that perhaps should not be gone into here because there is not time.

Senator MURRAY. Do you think the Government should undertake something to remedy this situation in the future?

Father SCHWITALLA. You mean in this present emergency?

Senator MURRAY. Yes, sir.

Father SCHWITALLA. If we can work out a plan that is going to bring any relief to the hospitals, I think it would be amazingly valuable and from knowing what the hospitals are confronted with, which is a very, very great responsibility, it is much greater than has been brought out in this hearing or any hearing I know of, very much greater.

Senator MURRAY. In your correspondence with the local boards, did you find their ideas were quite uniform?

Father SCHWITALLA. No, I cannot say that, but do you not see from the figures I have suggested to you, there is a practical unanimity, they solve the problem in about the same way in a rather large percentage of the cases.

Here are 69 out of 104 which were served by 69 different boards. I have not analyzed the different boards, although I am dealing with 133. I do not know what they will do in response to my letter.

Senator MURRAY. You only had one deferred to class 2?

Father SCHWITALLA. On the first classification?

Senator MURRAY. Yes.

Father SCHWITALLA. But there is a reclassification coming now, and I am very anxious to see what they will do. We have a lot of experts that are attempting to instruct the local boards and educate them up to that moment.

I feel very grateful to you, Senator, for this opportunity to express my views, and I am particularly grateful for having had the opportunity to call attention to the very serious situation in the Nation, and it is only through such a thing as your bill that we can wake the people to the situation of the giant and overwhelming efforts.

Senator MURRAY. Thank you, Father, for coming here. I appreciate your contribution to the hearings.

Senator REYNOLDS. We are very much obliged to you. Thank you very much.

We have a number of witnesses to be called this morning by Senator Murray, the author of the bill. We exceedingly regret there are not more members of the Military Affairs Committee of the Senate present at this time to secure the information at first hand that those of us who are here now are getting. A number of our members are outside the city, while a number are also engaged in other committees. In view of the fact they will have to gain their knowledge of this matter from the record, we are going to ask the remaining witnesses to submit

any written statements they have with a very brief general statement as to the contents of the statement itself, and that statement will be printed in the record for the information of the members of the committee and others who are interested in this subject.

So, in view of the fact that we are desirous of closing the hearing at 12 o'clock today, we will ask that all other witnesses confine their time to 5 minutes, and then submit their papers which will be turned over to the Official Reporter and be published in the record for the benefit of the other members of the committee.

I understand that there is a representative here from the American Youth Conference, Mr. Joseph E. Cadden, or Miss Mendelsohn.

STATEMENT OF MRS. JOSEPH E. CADDEN, OF THE AMERICAN YOUTH CONGRESS

Mrs. CADDEN. My name is Mrs. Joseph Cadden.

Senator REYNOLDS. You are representing Mr. Cadden?

Mrs. CADDEN. I am his wife. I am representing the health commission of the American Youth Congress.

Senator REYNOLDS. Thank you. You may proceed.

Mrs. CADDEN. The Youth Congress, for some years, has had as one of its most important standing committees, a health commission whose particular job it has been to inquire into the health needs of young people and to work for a program that will insure a healthy young America. The health commission is grateful for this opportunity to state its support of the Murray amendment to the Burke-Wadsworth bill, and its reasons for supporting this measure.

In passing, we should like to pay tribute to Senator Murray, who by introducing legislation such as this bill, and such as the American Youth Act, has shown himself to be keenly interested in the welfare of young people.

It seems particularly fitting that a measure which so vitally affects the Nation's health should be considered before the Military Affairs Committee of the Senate. For the Murray bill is a measure for the defense of our people. Your committee may recommend, and Congress may enact, measures to provide guns, tanks, ammunition, and other instruments of war. Yet even after you have spent billions of dollars in so doing, our Nation will be no stronger, our democracy no firmer, if the health of the young people is neglected. Indeed, if these billions are spent at the expense of legislation to improve the health of our country, the Nation is weaker, our democracy less firm.

The Surgeon General of the United States Public Health Service has said:

Our citizens should have equal opportunities for health as an inherent right, coequal with the right to life, liberty, and the pursuit of happiness.

Yet today as young boys are being conscripted into the Army, as a tremendous speed-up of industry is occurring and as people in all walks of life are being urged to speed the armaments program, you have heard strong evidence that the health of our nation is being impaired.

It is almost frightening to realize that it took the Burke-Wadsworth bill and the examinations of thousands of prospective conscripts to bring to the attention of certain of our citizens the crying health needs

of the country. The high percentage of rejections because of poor health must give us pause. And yet at this very time, when the ill health of our young men has been so glaringly flung in our faces, the means to combat that ill health is being restricted. What is to happen to those thousands of young people who are rejected because of ill health? By what strange definition of national defense can we say to a young man, "The Army cannot use you because you suffer from malnutrition, poor teeth, and incipient tuberculosis. You are classified as 4-A and we have no further responsibility for you. Not only that, if you try to do anything to improve your health, you will find that your local clinic cannot handle your case because its internes have been drafted." If it were not for the tragic reality of it all, it would resemble a comic opera in its inconsistency.

The Army has made lengthy plans for the men who are conscripted. We hear constant talk of cantonments, of uniforms, of training equipment, but there are no plans for the almost equal number of young men who are rejected because of ill health. Unless we awake to this emergency this country stands in grave danger of losing one portion of its young men by fighting a war in Europe and losing the other portion by not fighting the war against disease at home.

Equally inconsistent is the waste of our health resources entailed in drafting doctors and dentists in nonprofessional capacities when health conditions in camps cry out for more doctors and dentists. The Office of Production Management has established priorities in the aluminum and other industries. It has told the housewife that she cannot have aluminum for her pots and pans because it is needed for airplanes. We know that medical and dental services are far scarcer commodities relative to the need than aluminum. Yet precious knowledge and talents are wasted under the Burke-Wadsworth bill as it now operates. Again, by what strange definition of national defense do we guard the Nation's supply of aluminum and waste its supply of doctors and dentists?

The passage of the Murray amendment to the Burke-Wadsworth Act will prevent the disruption of health services to the community and stop the criminal waste entailed in misusing doctors and dentists in the armed forces. It must be pointed out, however, that this bill is not designed to improve the health facilities available to the people. Its purpose is merely to restore the status quo of health service that existed before the passage of the Burke-Wadsworth Act. It must be remembered that the then existing health resources of our Nation were woefully inadequate in themselves. It was that level of health equipment and personnel that gave us a generation of young Americans of which 70,000 each year die of tuberculosis.

You have heard much testimony about health conditions in our country. The final solution of our Nation's health problem requires a long-range program of health planning. It requires, we believe, Federal health insurance, the provision of adequate medical, dental, hospital, and nursing care for those who cannot afford even insurance.

It requires an expansion of hospitals and the provision of additional funds to combat venereal diseases, to expand maternal and child-health services. And, above all, it requires a rise in the standard of living of our people, so that malnutrition and diseases such as tuberculosis which take their toll with increased vengeance among low-income groups shall be done away with.

These are problems with which we must come to grips if we are to insure the progress of our democracy. But today, although progress should be on the agenda, we are faced with the immediate problem of seeing to it that our Nation's health does not, at least, retrogress—that there shall be no let-up in civilian health, no gambling with the health of the armed forces. It is to prevent such retrogression and to pave the way for progress in caring for the Nation's health needs that we believe this legislation should receive your favorable report.

Senator REYNOLDS. Thank you very much, Mrs. Cadden.

Mrs. CADDEN. Thank you.

Senator REYNOLDS. Senator, do you desire to question Mrs. Cadden?

Senator MURRAY. No, I thank you for your statement, Mrs. Cadden.

Senator REYNOLDS. Dr. Chester Swope? (No response.)

STATEMENT OF LAWRENCE L. GOURLEY, ATTORNEY FOR THE COMMITTEE ON PUBLIC RELATIONS OF THE AMERICAN OSTEOPATHIC ASSOCIATION

Mr. GOURLEY. Mr. Chairman, I am appearing for Dr. Swope.

Senator REYNOLDS. I believe you are the attorney for the organization?

Mr. GOURLEY. That is right. My name is Lawrence L. Gourley. I am attorney for the Committee on Public Relations of the American Osteopathic Association, of which committee Dr. Swope is chairman.

The American Osteopathic Association, the Associated Colleges of Osteopathy and the American Osteopathic Hospital Association are very much concerned with the provisions of this bill. We are sympathetic with its objectives, and, provided it is amended to apply to qualified osteopathic physicians and surgeons and osteopathic students, hospital interns, and residents, we are very anxious to have the bill enacted into law.

Now, in deference to the chairman's request, that we reduce what we have to say to writing to save the time of the committee, I will close at this time and comply with that request.

Senator REYNOLDS. Thank you very much.

Mr. GOURLEY. Thank you, Mr. Chairman.

(The statement submitted is as follows:)

STATEMENT ON THE MURRAY BILL, S. 783, BY DR. CHESTER D. SWOPE, FARRAGUT MEDICAL BUILDING, WASHINGTON, D. C., CHAIRMAN, COMMITTEE ON PUBLIC RELATIONS, AMERICAN OSTEO- PATHIC ASSOCIATION

For the purpose of the record I desire to identify the American Osteopathic Association as a federation of State and divisional societies of licensed osteopathic physicians and surgeons. It is a democratic organization, whose policies are shaped by a house of delegates elected by the respective State and divisional societies which meets in annual convention. The purposes of the association are to promote the public health, and the art and science of the osteopathic school of practice of the healing art, by stimulating research and elevating and maintaining the standard of osteopathic education.

The Associated Colleges of Osteopathy is an allied organization and is comprised of the six osteopathic schools and colleges which are recognized by the American Osteopathic Association after annual inspection by the Bureau of Professional Education and Colleges of the Association. The American Osteopathic Hospital Association is an organization of approved osteopathic hospitals throughout the United States. Its objects are to establish and maintain high standards of hospital service, to make exhaustive studies of all hospital administrative problems, to direct research studies in hospitals, and to improve generally the quality of hospital service to the public. The Bureau of Hospitals of the American Osteopathic Association, the American College of Osteopathic Surgeons, and the American Osteopathic Hospital Association are the accrediting agencies for approved osteopathic hospitals. The code of minimum standards exacted by the Bureau of Hospitals has been approved by the board of trustees and the house of delegates of the American Osteopathic Association. There are approximately 175 osteopathic hospitals and clinics; 27 osteopathic hospitals have been approved by the Bureau of Hospitals of the Association as interne training institutions.

There are approximately 10,000 osteopathic physicians and surgeons now actively engaged in the practice of their profession in the United States. There are 1,515 undergraduates now in osteopathic colleges preparing to be doctors of osteopathy. The ratio of the number of students to the number of practicing osteopathic physicians is approximately 15 percent, whereas the ratio of students preparing to be doctors of medicine (twenty-five to thirty thousand) to the number of practicing doctors of medicine (160,000) is approximately 17 percent.

At the June 1940 annual convention of the house of delegates of the association, which was held in St. Louis, Mo., a unanimous resolution was adopted placing at the disposal of President Roosevelt and the defense agencies of the country the resources of the osteopathic profession and its institutions. As chairman of the public relations committee I was directed in the resolution to offer our cooperation to the President and the agencies, which I have done. I ask that a copy of the resolution be printed at the end of my remarks. After the adoption of the resolution the American Osteopathic Association, in order to increase its efficiency in making the resources of the profession more readily available, distributed to every member of the profession a questionnaire covering the points of information most likely to have relation to their services for the national defense. I ask that a copy of the questionnaire be inserted at the end of my remarks.

When the Selective Training and Service Act of 1940 was being considered by the House Military Affairs Committee last July and August, I submitted a statement which was incorporated in the hearings, pointing out the desirability of deferring training and service in the case of students enrolled in osteopathic colleges, provided the exigencies of the situation would admit of such deferment. When the bill was reported out of the House committee, it contained a provision deferring students in attendance at recognized colleges of arts or science. During the debate on this provision in the House of Representatives on September 6, 1940, the question whether the phrase "arts or science" included osteopathic educational institutions

was the subject of the following discussion (Congressional Record, pp. 17662, 17663, 17666):

Mr. COSTELLO. I am very happy that the gentleman from Pennsylvania (Mr Rutherford) raised the question he did, because I had intended to bring that matter out here upon the floor, namely that the degrees that are granted by schools cover all the degrees. They cover not only the law, the arts, and the sciences, but also particular branches, such as medicine, dentistry, osteopathy, and engineering.

Mr. RUTHERFORD. Does the word "science" cover law and medicine?

Mr. MAY. It covers medicine, dentistry, osteopathy, and all.

The above discussion left no doubt that the uninterrupted of the training of osteopathic students in recognized colleges of osteopathy was considered in the same class of desirability as in the case of medical and dental students. Such is our present contention. The relation of the training of osteopathic physicians to the national health, safety, and interest in this emergency is to be determined on the same basis as that of the medical and dental training.

This bill, however, is so drawn as to defer or exempt only students who are preparing for the degree of doctor of medicine or doctor of dental surgery. The degree conferred in osteopathic institutions is doctor of osteopathy. So far as medical students are concerned, not only is the bill confined in its application to students preparing for the degree of doctor of medicine, but it is further restricted to those who are eligible to take the examination given by the so-called National Board of Medical Examiners. I understand that the National Board of Medical Examiners accepts only such candidates as are graduates of class A medical schools. I understand further that it is the Council on Medical Education of the American Medical Association that determines what is a class A school. I call your attention to the fact that the National Board of Medical Examiners and the American Medical Association and its subsidiaries are extra-legal bodies. Even so, there is a National Board of Examiners for Osteopathic Physicians and Surgeons which accepts the certification of schools by the American Osteopathic Association. Examinations by the National Board of Examiners for Osteopathic Physicians and Surgeons are recognized by the State examining boards in a number of States. Since certification by an extra-legal agency is proposed a criterion in this legislation, we have prepared an amendment which we hereby submit making the National Board of Examiners for Osteopathic Physicians and Surgeons the agency for accrediting osteopathic institutions.

I notice that the witness for the American Medical Association offered amendments deleting all reference to the National Board of Medical Examiners and substituting in lieu thereof eligibility for licensure to practice medicine in a majority of the States. I concur in the deleting portion of his amendment. Regarding the substitution of eligibility for licensure to practice medicine in a majority of the States, I would have no objection provided the provision was amended to include eligibility for licensure to practice osteopathy in a majority of the States. I presume the reason for requiring acceptability by a majority of the States is to guard against deferment of students who have only the qualifications necessary for licensure in the States having the lowest requirements.

We recognize not only the desirability but the necessity of exacting high standards in the preparation and training of men who are to

minister to the health of the people, whether the people be civilian or military.

The colleges and hospitals are the work shops of training. Before a student can enter on the practice of osteopathy, he must meet a high standard of moral and physical requirements and must show satisfactory completion of 2 years pre professional college work in an accredited liberal arts college. Some of the State laws require of osteopathic applicants that these 2 years preprofessional work include certain specific subjects such as chemistry, biology, and physics. The professional course consists of 4 years of 36 weeks each, totaling approximately 4,668 hours. Regarding the training required and the course of study at recognized colleges of osteopathy, the United States Office of Education in its vocational guidance leaflet on osteopathy has this to say:

Training required.—There are six osteopathic colleges operating in the United States which have been approved as meeting the requirements of the American Osteopathic Association. Every State requires high-school graduation and college work as a prerequisite for entrance to the osteopathic colleges; while this requirement is not specifically mentioned in some States, it is implied by the fact that students must graduate from approved colleges, and these colleges require high-school graduation and at least 2 years of college work for entrance. If the candidate intends to practice in Delaware, the District of Columbia, Idaho, Indiana, New Jersey, New York, Puerto Rico, Rhode Island, or Virginia, he must present 2 years of college training with specific preosteopathic subjects before entering an osteopathic college. If he intends to practice in Iowa, Kentucky, Mississippi, New Hampshire, or New Jersey, he must present 2 years' training in an accredited liberal arts college. If he intends to practice in California, Connecticut, or Pennsylvania, he must have 1 year of college training in physics, chemistry, and biology.

Time required for professional training.—For graduation a student must cover 4 years (36 weeks each) of training in a recognized college which offers about 4,668 hours according to the standard curriculum of the American Osteopathic Association. Some States require additional training in surgery and internship.

Course of study.—The subject of medical therapeutics, and the practice of medicine are covered in osteopathic colleges by courses in osteopathic therapeutics and the practice of osteopathy. Surgery and pharmacology are taught in all of the six approved osteopathic colleges.

The first 2 years of work cover the basic sciences which include anatomy (descriptive, histology, embryology, dissection), physiology, chemistry, pathology and bacteriology, supplementary therapeutics (toxicology, pharmacology, anesthesia, narcotics, antiseptics), biological therapeutics (vaccines, serums, antitoxins, etc.).

The last 2 years cover hygiene and sanitation, practice of osteopathy, surgery, obstetrics, gynecology, etc., and include eye, ear, nose and throat, nervous and mental diseases, public health, etc.

Upon graduation the doctor of osteopathy degree is conferred. Candidates for graduation in all approved colleges must be 21 years of age, and have given a minimum number of osteopathic treatments.

If you will bear with me, I should like to give you an abbreviated account of the organization, plant, clinical facilities, and administration of the College of Osteopathic Physicians and Surgeons, located at Los Angeles, Calif., with a view to demonstrating the character of training provided in accredited osteopathic colleges.

The College of Osteopathic Physicians and Surgeons at Los Angeles is an educational institution without capital stock and so operated that all of its income and endowment are directly utilized for the educational advancement of its student body. It is controlled by a board of trustees made up of members of the profession and laymen who voluntarily assume the responsibility of directing the institution.

The faculty is responsible to the board of trustees and functions through a faculty executive committee appointed by the dean and chairman of the faculty. The plant of the college includes land and four buildings constructed especially for college use and valued conservatively at \$250,000. The administration building provides three class rooms, laboratories for physiology and pathology, the library, recreation room, and the college offices. The science building houses the anatomy, bacteriology, and chemistry laboratories. The auditorium building is for assembly and social purposes. The clinic building is used by the college clinic and the county osteopathic maternity service. The Los Angeles County Osteopathic Hospital located across the street from the campus of the college provides clinical training for the senior students.

Admission to the first-year class of the college at Los Angeles requires: (1) Satisfactory evidence of good character, high intellectual outlook, and promise of future value in the osteopathic profession. (2) An acceptable health record. Admission is tentative pending the report of the examining staff. Applicants with mental or physical handicaps that might prove detrimental will not be accepted. (3) The completion of a 4-year high-school course or its equivalent acceptable for admission to freshman standing in the college of letters, arts, and sciences of any standard university or college. (4) The completion of 2 full years of certificate-grade college work totaling not less than 60 units with a thoroughly satisfactory scholarship average.

Every candidate for the degree of doctor of osteopathy (D. O.) must have attained the age of at least 21 years. The requirements for admission to this college must have been fulfilled and the candidate must have attended four full courses of instruction in separate years of not less than 9 full months each. All candidates must have complied with the requirements of the business and professional code of California for examination for a physician-and-surgeon license; must have complied with all rules and regulations of the college; and must have satisfactorily completed the required work of the curriculum; must have been recommended by the faculty and clinic staff and by the admissions and credentials committee of the college; must have satisfactorily discharged all financial obligations to the college; and, unless excused by special action of the faculty, must be personally present at the commencement exercises.

Regarding clinical facilities available, not only is there a general osteopathic research clinic on the campus for the care of patients, but the senior students spend their entire fourth year as internes the Los Angeles County Osteopathic Hospital, situated across the boulevard from the campus.

The course of study is so arranged that during the third year the junior students may devote their afternoons to the care and study of patients in the college clinic. With more than 500 active patients under treatment, there is a wide variety of cases.

Patients registering in the college clinic are assigned to students who take a history of the case and make a complete physical examination. A member of the attending staff then checks the case with the student, making the diagnosis and outlining the treatment to be given by the student. All of the specialties are represented in the clinic so that unusual cases may have competent care and the students may observe

the correlation of the various types of diagnosis and therapy. Each student handles at least one obstetrical case during his junior year giving prenatal care, attending the delivery, supervising postpartum care, and making the final check on the patient's condition at the end of 6 weeks. Hospital facilities are available, so that cases needed hospitalization may be attended by the internes.

At the Los Angeles County Osteopathic Hospital, the senior student is in contact with a very large number of patients. His period of service is rotated among the various departments so that, during his year, he has observed and assisted in work of all types. A study of the clinical training received by the student at the college of osteopathic physicians and surgeons is convincing proof that he is thoroughly trained in the practical work he is to do after graduation. His schooling has not been didactic solely but he has had the opportunity of applying his instruction to the actual care of patients.

The college has for many years had arrangements whereby the students serve as externs with the Los Angeles County Maternity Service, gaining a wide experience in actual practice of obstetrics. In January 1930 this service was materially expanded, a large area of the city being assigned to this college. Headquarters are maintained in the college buildings on Griffin Avenue, where maternity clinics are held twice each week and a pediatric clinic once each week. The staff is made up exclusively of osteopathic physicians and surgeons, and there are two resident interns who must have served 1 year of hospital internship before being eligible to appointment. The students serve as externs on this service. This clinic handles approximately 500 confinements annually. In addition to the clinics just mentioned, the students make antepartum calls and daily visits to the mother and child for at least 10 days subsequent to the confinement.

There is no better way of judging the caliber of a college than by appraising its product. In a number of States the graduates of osteopathic colleges are taking and passing the same State examinations along with graduates of class A medical schools. The practice of osteopathy is recognized and licensed in all the States. In 29 States and Hawaii the State licensing examinations are given by State boards of osteopathic examiners; in the other States and Puerto Rico the examinations are given by medical examining boards, 14 of which provide osteopathic members. The District of Columbia, over which Congress exercises exclusive legislative jurisdiction, recognizes osteopathy on the same basis as medicine. The law specifically states that the degrees doctor of medicine and doctor of osteopathy shall be accorded the same rights and privileges under governmental regulations, as follows:

The board of examiners in medicine and osteopathy shall be composed of four practitioners of medicine and surgery, one of whom shall be an adherent of the homeopathic school, and an osteopath. The degrees doctor of medicine and doctor of osteopathy shall be accorded the same rights and privileges under governmental regulations. They shall examine into the qualifications of all persons referred to them who desire to practice medicine and osteopathy. The questions propounded to such applicants shall be identical in every respect; with the exception of questions in the practice of medicine and practice of osteopathy, which shall be propounded to applicants of these respective schools only, as the case may be, and the replies shall be examined and graded by the member or members of the board representing such schools of practice (Healing Arts Practice Act, District of Columbia, approved February 27, 1929, Public Law 831).

Although the States do not have the same requirements of eligibility for practice, they do require graduation from a recognized school, and all schools recognized by the American Osteopathic Association require 2 years preprofessional and 4 years professional training. A number of States require internship following graduation. Intern training provided in the osteopathic hospitals approved by the American Osteopathic Association for intern training purposes is accepted by those State boards. There are 12 States that require internship of osteopathic applicants. Twenty-six States do not require any internship either of osteopathic or medical applicants.

Obviously the colleges must gear their training to equip their graduates to meet the requirements of the States having the highest requirements. The fact that an applicant takes a State board examination in a State having low requirements is no indication that he does not possess the same training as that required by the States having the highest requirements, provided, of course, that the examinee is a graduate of a recognized school.

In addition to the State board examinations, there is, as I have already pointed out, a National Board of Examiners for Osteopathic Physicians and Surgeons. This Board, among other requirements, requires 2 years preprofessional work in an accredited college of arts and sciences, 4 years of professional work in an osteopathic college recognized by the American Osteopathic Association, and 1 year's internship in a hospital approved for intern training by the American Osteopathic Association. Examinations by this Board are accepted in lieu of State examinations by the provisions of certain State laws.

Graduates of the recognized colleges of osteopathy who take the State board examinations and are licensed to engage in the practice of their profession in the respective States take their places as practitioners of the healing art in the various communities of the country. A large section of the profession is engaged in general practice, although a growing percentage is engaged in the specialties, such as ophthalmology, otolaryngology, and the full range of surgical specialties. A number of practicing osteopathic physicians are serving as industrial physicians. Considerable workmen's compensation work is done by the profession. Congress in 1938 followed the already established practice of the States when it enacted a law expressly making provision for the availability of osteopathic services to civil employees of the Federal Government who become injured or ill due to their employment (Public Law No. 558, 75th Cong.). In that law the Congress specifically declared osteopathic practitioners as within the term "physician," as used in the Federal Employees' Compensation Act, and it defined the term "medical, surgical, and hospital services and supplies" to include the services and supplies of osteopathic physicians and osteopathic hospitals. Osteopathic physicians are serving as county and municipal health officers, and as school physicians, and on State and municipal health boards.

In addition to the student-exemption provision of this bill, S. 783, the bill sets out the qualifications for a commission in the Medical Reserve Corps of the Army and provides that in the event any person possessing those qualifications shall be selected for training and service under the Selective Training and Service Act, the Army shall forthwith grant him a commission in the Medical Reserve where he will remain on call for active service as the necessity may arise.

It has been suggested by one of the witnesses that the mandatory feature of this provision may be unconstitutional as an invasion of the executive prerogative. Without assuming to pass on the constitutional aspects of the matter, it does seem that the constitutional provision expressly conferring upon Congress the duty to make the rules for the Army and Navy would constitute sufficient power to prescribe what the rules shall be for determining the qualifications of the commissioned personnel of the medical departments of the armed forces. I have prepared and wish to submit an amendment to this provision of the bill making it clear that qualified osteopathic graduates shall be commissioned in the same manner as medical graduates. Only such medical graduates or osteopathic graduates as shall demonstrate their physical and mental fitness would be commissioned under the amendment, the Army being the judge of the proficiency of each candidate for commission.

There is an inadequate supply of osteopathic physicians and surgeons in this country to take care of the civilian population in normal times, but, of course, these are not normal times and a number of the profession should serve and are anxious to serve in the Medical Corps of the Army for the purpose of providing adequate professional care to the personnel of the armed forces. It is important, however, that no osteopathic physician shall be taken for training and service under the Selective Training and Service Act except for the utilization of his professional services while in such training. Only such osteopathic physicians and surgeons as may be commissioned in the medical department for the provision of professional services to the trainees should be inducted, because the need of the civilian population for osteopathic services is greater than the supply and, therefore, osteopathic physicians not commissioned should be deferred to carry on a civilian practice. Deferred, if you please, to make their contribution to the national health as practitioners in caring for the health of the people in the communities where they reside.

A survey of the profession, through the medium of the questionnaire which I have mentioned, shows that there are approximately 3,200 practicing osteopathic physicians who are between the ages of 21 and 36, the ages subject to the Selective Training and Service Act.

Fifteen doctors of osteopathy have already been inducted, and they have been assigned to duties having no relation to their professional qualifications.

As written, this bill, S. 783, provides only for the commissioning of doctors of medicine and doctors of dentistry who are selected under the Selective Training and Service Act and for the deferment of students preparing to be doctors of medicine or doctors of dentistry. In order that it may extend to the commissioning of qualified osteopathic selectees and for the deferment of students in recognized colleges of osteopathy and hospital interns and residents in accredited osteopathic hospitals, we request that the bill be amended so that it will read as follows:

[S. 783]

A BILL To amend the Selective Training and Service Act of 1940

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 4 of the Selective Training and Service

Act of 1940 is hereby amended by adding at the end thereof the following new subsection:

"(c) Any individual selected for training and service under this Act (1) who is a graduate of a medical *or osteopathic* school and is eligible as such a graduate for the examinations given by the National Board of Medical Examiners of the United States *or National Board of Examiners for Osteopathic Physicians and Surgeons*, or who was so eligible at the time of his graduation, or who is a graduate of a school of dentistry, or holds a degree of doctor of dental surgery or doctor of dental medicine; and (2) who holds a valid license to practice medicine, *osteopathy*, surgery, or dentistry in any State, Territory, or possession of the United States, or the District of Columbia, and is engaged in such practice at the time of his selection; and (3) whose physical and mental fitness for such training and service has been satisfactorily determined, shall, in lieu of induction into the land or naval forces of the United States for such training and service, be commissioned an officer in the Medical Department Reserve, Officers' Reserve Corps, and ordered into the active military service of the United States, as provided in the joint resolution approved August 27, 1940."

SEC. 2. (a) Subsection (d) of section 5 of such Act is hereby amended by inserting "(1)" after "(d)" at the beginning thereof.

(b) Subsection (d) of section 5 of such Act is hereby further amended by adding at the end thereof the following new paragraph:

"(2) (A) Students who are preparing for the degree of doctor of medicine or bachelor of medicine *or doctor of osteopathy* at medical *or osteopathic* schools; (B) students who are preparing for the degree of doctor of dental surgery or doctor of dental medicine at dental schools; (C) hospital internes and resident physicians and surgeons who are graduates of medical *or osteopathic* schools and are eligible as such graduates for the examinations given by the National Board of Medical Examiners of the United States *or National Board of Examiners for Osteopathic Physicians and Surgeons* or were so eligible at the time of their graduation from such medical *or osteopathic* schools; (D) hospital dental internes and resident dentists who are graduates of schools of dentistry or hold degrees of doctor of dental surgery or doctor of dental medicine; and (E) teachers at medical, *osteopathic*, and dental schools shall be exempt from training and service (but not from registration) under this Act. Notwithstanding any other provision of law, any such medical, *osteopathic*, or dental student, hospital interne, or resident physician, surgeon, or dentist, or ~~medical or dental~~ school teacher, who is a member of a reserve component of the land or naval forces of the United States, shall not be ordered or called to active duty or into active service in any of such forces, except in time of war."

(Amendments are shown by italics or stricken-out matter.)

NATIONAL DEFENSE RESOLUTION

Whereas the President has indicated the necessity for an appraisal of the defense resources of this country and the development of ways and means for their most effective use in the event of war; and

Whereas provision for utilizing the services of physicians for the care of those serving in the armed forces and in the war industries as well as those otherwise engaged in civil pursuits, is in the interest of preparedness; and

Whereas the training of young men and women to become physicians and the preservation of educational institutions for the purpose are necessary for the maintenance of the national health; and

Whereas provision of the services of osteopathic physicians and osteopathic hospitals has been expressly deemed by Congress to be an integral part of the services provided by the Government to (1) its civil employees who become injured or ill due to their employment, and (2) in peacetime, to officers and enlisted men of the reserves of the Army and the Navy, who incur injury or illness in line of duty; and

Whereas there is legal authority for the provision of osteopathic services to members of the regular armed forces in times of peace or war by the appointment of osteopathic physicians to the Medical Corps of the Army and the Medical Corps of the Navy; and

Whereas information relating to all osteopathic physicians licensed and practicing their profession in the United States, and their individual qualifications, and other data of assistance in assessing the availability of the osteopathic profession and its institutions, is in the files of the American Osteopathic Association, or

ascertainable through its allied organizations in the various States and communities; and

Whereas the American Osteopathic Association, representing the osteopathic profession, its hospitals and institutions, is desirous of contributing and cooperating to the utmost of its facilities for the advancement and preservation of the health and safety of the American people: Now, therefore, be it

Resolved, That the public-relations committee of this association take proper steps for making the resources of this association and the resources of the osteopathic profession and its institutions, as may be, available to the President, the Advisory Commission to the Council on National Defense, the Surgeon General of the Navy, the Surgeon General of the Army, the Surgeon General of the Public Health Service, and other proper officials and commissions, to the end that all osteopathic physicians, hospitals, and institutions shall serve this country in peace and in war according to their professional capacity, training, and equipment.

Adopted by the house of delegates of the American Osteopathic Association in Forty-fourth Annual Convention assembled at St. Louis, Mo., this 26th day of June 1940.

NATIONAL-DEFENSE QUESTIONNAIRE

AMERICAN OSTEOPATHIC ASSOCIATION

540 North Michigan Ave., Chicago, Illinois

Please use typewriter or print answers.

Disregard all figures. These are for use on key cards only. Indicate answers in squares thus ☐

1-15. Name-----

Surname

16. Given Name

17. Middle Name

18-19. State----- County----- City-----

20-22

23-25

Street address-----

Home

Office

26

27. Race: White ☐ 1 Negro ☐ 2 Asiatic ☐ 3 Indian ☐ 4 28. Sex: Male ☐ 1

Female ☐ 2 29-30. Year of birth-----

31. Marital status: Single ☐ 1 Married ☐ 2 Widowed ☐ 3 32. Number of

dependents: Under 18 years----- 32 Over 18 years----- 33

34. Citizenship: Native born ☐ 1 Naturalized ☐ 2 Noncitizen ☐ 3 35-36. Date

and place of naturalization-----

Year

Place

37-38. Country of birth----- 39. Languages spoken: French ☐ 1

German ☐ 2 Spanish ☐ 3 Italian ☐ 4 Russian ☐ 5 Swedish ☐ 6 Portu-

guese ☐ 7 Other ☐ 8

40-41. Graduate of-----

Exact Name of Osteopathic College at Time of Graduation

42-43. State in which school is located----- 44-45. Year of graduation-----

46-47. First year of licensure-----

48. Are you now a member of { your state osteopathic society? Yes ☐ 1 No ☐ 2
American Osteopathic Association? Yes ☐ 3 No ☐ 4

49. Did you serve internship? Yes ☐ 1 No ☐ 2

If so in what institution?----- From----- to-----

50. Are you a member of any hospital staffs? Yes ☐ 1 No ☐ 2 Name of

principal hospital-----

51. Do you hold any of the following appointments that require your full time? Yes ☐ 1 No ☐ 2

102 DOCTORS AND MEDICAL STUDENTS UNDER SELECTIVE SERVICE

52. State health department ☐ ₁ Local health department ☐ ₂ Teaching ☐ ₃
 Research ☐ ₄ Hospital administration ☐ ₅ Executive ☐ ₆ Industrial ☐ ₇
 Veterans' administration ☐ ₈ Indian Field Service ☐ ₉
53. Type of practice: General ☐ ₁ Specialty ☐ ₂ 54. If a specialist, do you hold a certificate from a specialty examining board? Yes ☐ ₁ No ☐ ₂
- 55-56. If so, from which of the following specialty examining boards? By the American Osteopathic Board of Surgery ☐ ₁ (in Surgery ☐ ₂, in Orthopedic Surgery ☐ ₃, in Anesthesiology ☐ ₄, in Urology ☐ ₅). By the American Osteopathic Board of Ophthalmology and Otolaryngology ☐ ₆ (in Ophthalmology ☐ ₇, in Otolaryngology ☐ ₈). By the American Osteopathic Board of Radiology ☐ ₉.
- 57-58. Year first specialty certificate received-----
59. Are you a member of any specialty osteopathic society? Yes ☐ ₁ No ☐ ₂
60. If so, indicate under the proper heading below the exact names of the two most important:
 Surgery (General, Urology, Anesthesiology, Orthopedic)-----₁
 Ophthalmology, Otolaryngology, Laryngology and Rhinology-----₂
 Obstetrics, Gynecology-----₃
 Neurology and Psychiatry-----₄
 Roentgenology and Radiology-----₅
 Proctology-----₆
- If a specialist, place a cross (X) opposite the specialty to which you devote ALL of your time or a figure (1) to indicate the specialty to which you devote the major portion of your practice and a figure (2) to indicate the specialty which occupies the remainder of your time.
- | | |
|---|---|
| 61. 1. Surgery <input type="checkbox"/> | 6. Ophthalmology, Otolaryngology, Laryngology, Rhinology <input type="checkbox"/> |
| 62. 1 (a). Brain and Nerve <input type="checkbox"/> | 7. Pediatrics <input type="checkbox"/> |
| 2 (b). Plastic <input type="checkbox"/> | 8. Neurology <input type="checkbox"/> |
| 61. 2. Industrial Practice <input type="checkbox"/> | 9. Psychiatry <input type="checkbox"/> |
| 62. 1 (a). Surgery <input type="checkbox"/> | 64. 1. Neurology and Psychiatry <input type="checkbox"/> |
| 2 (b). Preventive <input type="checkbox"/> | 2. Internal Medicine <input type="checkbox"/> |
| 3 (c). Consultation <input type="checkbox"/> | 3. Tuberculosis <input type="checkbox"/> |
| 4 (d). Toxicology <input type="checkbox"/> | 4. Anesthesia <input type="checkbox"/> |
| 5 (e). Teaching <input type="checkbox"/> | 5. Roentgenology, Radiology <input type="checkbox"/> |
| 63. 1. Proctology <input type="checkbox"/> | 6. Pathology <input type="checkbox"/> |
| 2. Urology <input type="checkbox"/> | 7. Clinical Pathology <input type="checkbox"/> |
| 3. Dermatology <input type="checkbox"/> | 8. Bacteriology <input type="checkbox"/> |
| 4. Ophthalmology <input type="checkbox"/> | 9. Public Health <input type="checkbox"/> |
| 5. Otolaryngology, Laryngology, Rhinology <input type="checkbox"/> | |
| 61. Obstetrics <input type="checkbox"/> ₃ Gynecology <input type="checkbox"/> ₄ Obstetrics and Gynecology <input type="checkbox"/> ₅ | |
| Orthopedic Surgery <input type="checkbox"/> ₆ | |
65. Activity and method of practice: Individual ☐ ₁ Partnership ☐ ₂ Group ☐ ₃
 Intern ☐ ₄ Resident ☐ ₅ Other ☐ ₆ Retired ☐ ₇ Not in practice ☐ ₈
66. Previous military experience, 1917 to 1919: Army ☐ ₁ Navy ☐ ₂ U. S. P. H. S. ☐ ₃ 67. In U. S. ☐ ₁ Abroad ☐ ₂ 68. Rank-----

69. Present commission held: Army ☐ ₁ Navy ☐ ₂ U. S. P. H. S. ☐ ₃ Army Reserve ☐ ₄ Naval Reserve ☐ ₅ National Guard ☐ ₆ 70. Rank-----
- 71-74. Date of present commission: Month----- Year-----
75. In the event of war will you volunteer for military service? Yes ☐ ₁ No ☐ ₂
- 76-77. Service you consider yourself best qualified to perform-----
78. Do you know of your own knowledge that you are unfit for military service? Yes ☐ ₁ No ☐ ₂
79. Reasons for disability: Vision ☐ ₁ Hearing ☐ ₂ Crippling defects ☐ ₃
- Other reasons for disability may be stated on reverse side.
- Please reread and verify your answers.
Return at once in the enclosed self-addressed envelope.
Use reverse side for remarks.
- Senator REYNOLDS. Dr. Luther Dickens?

STATEMENT OF HAROLD KOHN, COUNSEL, AMERICAN OPTOMETRIC ASSOCIATION, OF NEW YORK, N. Y.

Senator REYNOLDS. Dr. Dickens, I believe you are representing your organization?

Mr. KOHN. I am not Dr. Dickens. My name is Harold Kohn. I am counsel for the association.

Senator REYNOLDS. What is your capacity?

Mr. KOHN. I am counsel for the American Optometric Association. I have prepared a written statement which I would like the privilege of inserting in the record, and have also appended to the bill proposed amendments to include optometrists.

Senator REYNOLDS. Have you the amendments?

Mr. KOHN. They are attached to the statement in lieu of the bill as it originally stood. This was prepared before the testimony of Dr. Fishbein, and other witnesses.

May I say on behalf of our association we likewise subscribe to the things Dr. Fishbein said, to keep students from fly-by-night schools. We have none, but if any should be created, anything that applies to medicine and dentistry should with equal force apply to optometry.

As a matter of fact, I merely want to cite one thing, the statistics included in that statement show that 70 percent of the people who require eye care in this country voluntarily go to optometrists, and if our optometrists are not exempted and if we are drafted for combat and not utilized in the Army or civilian life, the balance would be completely broken.

There are only about 25,000 practitioners qualified to take care of eyes, of which, 17,000 are optometrists, 1,800 ophthalmologists, and 6,500 eye, ear, nose, and throat specialists.

At the present time there are 50 percent of the people who suffer, and it would mean the 8,000 left could not possibly take care of the eye conditions which exist today both in civilian, defense, and Army life.

Dr. Fishbein yesterday said that a specialist takes 3 to 5 years to be created, and we believe that our students should receive the same treatment as the physicians and dentists so the eye-care problem will

remain in status quo and not have a burden thrown upon the medical men.

There are additional statements in the memorandum, and I am sure they will be read.

Thank you.

Senator REYNOLDS. We are very much obliged to you.

Senator Murray, do you have any questions?

Senator MURRAY. No; we will study the statement.

(The statement prepared by Mr. Kohn is as follows:)

STATEMENT ON BEHALF OF THE AMERICAN OPTOMETRIC ASSOCIATION WITH
RELATION TO SENATE BILL S. 783

The American Optometric Association is the national organization representing the profession of optometry. It has a membership of over 6,800 licensed, practicing optometrists. According to the last survey made, there are 17,183 optometrists licensed in the 48 States and in the District of Columbia.

As in similar professional organizations, there are local, county, district, and State societies. Membership in the national organization is effected through the State societies. When the individual optometrist joins his State society, he automatically becomes a member of the national association.

The American Optometric Association desires to take no stand respecting the policy underlying S. 783. The association is fully cognizant of the gravity of the bill, not because it proposes to exempt physicians and dentists from the provisions of the Selective Training and Service Act but because it is an amendment to this act which seeks to exempt individuals by occupational groups. One of the principal arguments advanced by the proponents of the Selective Training and Service Act against the charge that the act tended to create a military dictatorship, was that the act was democratic because of its universality. During debate upon the act, arguments were also advanced that it was not to be administered by a military but rather by a civilian administrator and that the matter of exemptions would not be a statutory or centrally controlled one but rather a local one. Each man called under the law was to be selected or exempted according to the judgment of the members of his local draft board, as guided by a set of broad, general regulations. The theory seemed to be that the local board would best understand and know the needs of its own community and the situation of the man who stood before them and his family.

If this bill is passed, there is not only the likelihood but the certainty that a number of similar bills will be introduced for the purpose of exempting other groups and classes by occupation for the very same reasons which are advanced on behalf of this bill. This bill will furnish a powerful precedent to such attempts.

The American Optometric Association expresses no opinion, one way or the other, as to the wisdom of amending the Selective Training and Service Act to exempt occupational groups. Such amendments obviously destroy the universality of the act and can lead to a point where so many groups have been granted exemption by legislation that the effectiveness of the act might be seriously impaired. These problems must be left with your honorable committee and with the Congress.

If this bill is looked upon favorably by your committee and it is decided to pursue the indicated policy, then the American Optometric Association respectfully requests that the bill be amended to include in its provisions, practicing optometrists and students of optometry.

The mobilization of the Nation's manpower for defense, through both military and civilian channels, has called attention to the high proportion of visual defects in relation to the total of all physical impairments, a proportion that is considerably higher than has been generally suspected.

Surveys of those selected for military service, industrial workers and the general population indicate that the extent of visual deficiencies varies from 23 percent of persons under 20 years of age and mounts progressively until it reaches 95 percent of persons over 60 years of age. Between 30 and 40, the most active and productive years, the range is from 39 to 48 percent.

Furthermore, approximately one-half of the persons in this country requiring the correction of visual defects have not been receiving eye care. This condition was reported in 1933 by the committee on the cost of medical care, which said in its publication No. 26: "There is strong evidence * * * that care of the

eyes is inadequate in all income classes, is grossly inadequate among persons in families with less than \$10,000 (yearly income) * * *." This same condition still prevails today.

It is patent that such a widespread visual deficiency has a very detrimental effect upon the health, safety, and productive capacity of those involved, with a corresponding decrease in the effectiveness of whatever work, industrial or military, persons are carrying on as part of the defense program.

Most serious from the standpoint of detrimental effect on productive capacity and output is the alarming prevalence of visual defects among industrial workers. Studies conducted by competent authorities show that the percentage of workers with faulty vision ranges from 15 percent in some industries to as high as 75 percent in others. Industrial hygiene experts agree in attributing a large proportion of industrial accidents to faulty eyesight. The waste caused by inefficient production due to defective vision is incalculable. As far back as 1924 in a publication issued by the National Committee for the Prevention of Blindness, an authority on the subject estimated that the loss to industry through fatigue alone was \$2,000,000,000 annually. Since defective eyesight is one of the chief factors in causing fatigue, much of this tremendous loss may be attributed to poor vision. A great number of additional statistics and references might be furnished to support the statements just made but recent news items have made them unnecessary. The daily press has just published numerous accounts of the marked degree of defective vision by noting the large number of selectees who had originally been passed by the local boards but who were rejected at the Army induction centers because of defective vision.

To take care of these conditions, there are only approximately 25,300 practitioners who are divided roughly as follows: Optometrists, 17,000; accredited ophthalmologists, 1,800; and eye-ear-nose-and-throat specialists, 6,500. Of the last group who practice four specialties, it is safe to venture that only 50 percent of their time is utilized for eye work. This would reduce the number of this class by some 3,000, so that in all there are only 22,000 trained men caring for the eye health of the people of this country. This whole group combined does not now provide the volume of care that is needed for the people who require visual attention.

Optometrists are qualified eye specialists licensed to practice in all 48 States of the Union and in the District of Columbia. Both in their academic training and their professional experience, their contact and familiarity with eye problems are far more thorough and extensive than that of the general medical practitioner. It cannot be expected that a greater proportion of general practitioners will in the future turn to the specialty of eye care than has taken it up in the past. The work which the optometrist does in the field of eye care cannot be absorbed or taken over by the small number of existing medical eye specialists and the reservoir of general practitioners cannot furnish new specialists to augment that number.

The specialized services which the optometrists render to the public make their position in the health care structure of this country vital and indispensable. Statistics provided by manufacturers and the dispensers of optical supplies indicate that a minimum of 70 percent of the people who are getting eye care in this country today voluntarily select and consult optometrists.

The licensing laws of the various States provide that no candidate be admitted to a State board examination unless he is a graduate of an approved school or college of optometry. These schools have courses approximating 4,000 hours for the required 4-year course on the basis of approximately 1,000 hours per year. The students receive adequate instruction and through training in the fundamental biological, physical, and psychological sciences and in the professional subjects relating to optometry.

There are approximately 3,400 students in the eight approved optometry schools and colleges of whom not more than 750 graduate each year. The course is 4 years. Although approximately 850 students enroll each year during their 4 years, about 100 are eliminated. The number of graduates just about fills the ranks of those who pass on during the year. Any curtailment of the number of students or disruption of their courses would work a serious hardship upon the public who already suffers from uncared for visual defects.

The optometrist in his field is as much a part of the health-care structure of this country as is the physician or the dentist in his particular field. Percentage by percentage, we find that the need of the various groups of our population for general medical care, dental care, and optometric care are very close. In fact,

the need for dental and visual care among certain groups of the population exceeds that for general medical care.

In all fairness and justice therefore, if bill S. 783 has been introduced to remedy a condition which has been found to require correction insofar as physicians and dentists are concerned, the same condition exists with equal weight with respect to optometrists and optometric students and these should also be included. To exempt the physician and the dentist and to fail to treat the optometrist in like manner will unstabilize present conditions and leave a still greater percentage of the population incapable of receiving proper visual care from trained specialists. If the balance is disturbed, it would be impossible, even if a sufficient number of general medical practitioners could be induced to study the eye specialty, to fill the void left by the optometrists for a number of years, for it takes several years properly to educate and train a specialist. Neither the public nor the optometrist should in fairness be subjected to having present conditions altered without an equal substitute being offered. Such substitute is not available. Nor is it democratic or American to favor two particular groups in the health field without extending the same privileges to a similar group which performs equally important services in the same field.

The optometrists of this country are entitled to the same consideration and treatment as are the physicians and dentists to the end that the people shall not be deprived of the eye care which they have freely and voluntarily sought and obtained from the optometrists.

We rest secure in the belief that no special favor will be granted at your hands to one or two groups in a field, to the exclusion of a similar group which practices in the same field.

AMENDMENTS TO SENATE BILL S. 783, PROPOSED BY THE AMERICAN OPTOMETRIC ASSOCIATION

A BILL To amend the Selective Training and Service Act of 1940

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 4 of the Selective Training and Service Act of 1940 is hereby amended by adding at the end thereof the following new subsection:

"(c) Any individual selected for training and service under this Act (1) who is a graduate of a medical school and is eligible as such a graduate for the examinations given by the National Board of Medical Examiners of the United States, or who was so eligible at the time of his graduation, or who is a graduate of a school of dentistry, or holds a degree of dental surgery or doctor of dental medicine, *or who is a graduate of an optometric school and is eligible as such a graduate for the examinations given by the respective State Boards of Examiners in optometry;* and (2) who holds a valid license to practice medicine, surgery, [or] dentistry, *or optometry* in any State, Territory, or possession of the United States, or the District of Columbia, and is engaged in such practice at the time of his selection; and (3) whose physical and mental fitness for such training and service has been satisfactorily determined, shall, in lieu of induction into the land or naval forces of the United States for such training and service, be commissioned an officer in the Medical Department Reserve, Officers' Reserve Corps, and ordered into the active military service of the United States, as provided in the joint resolution approved August 27, 1940."

SEC. 2. (a) Subsection (d) of section 5 of such Act is hereby amended by inserting "(1)" after "(d)" at the beginning thereof.

(b) Subsection (d) of section 5 of such Act is hereby further amended by adding at the end thereof the following new paragraph:

"(2) (A) Students who are preparing for the degree of doctor of medicine or bachelor of medicine at medical schools; (B) students who are preparing for the degree of doctor of dental surgery or doctor of dental medicine at dental schools; (C) *students who are preparing for the degree of doctor of optometry or bachelor of science with certificate of graduation in optometry;* (D) hospital internes and resident physicians and surgeons who are graduates of medical schools and are eligible as such graduates for the examinations given by the National Board of Medical Examiners of the United States or were so eligible at the time of their graduation from such medical schools; [(D)] (E) hospital dental internes and resident dentists who are graduates of schools of dentistry or hold degrees of doctor of dental surgery or doctor of dental medicine; and [(E)] (F) teachers at medical [and], dental and *optometric* schools shall be exempt from training and service (but not

from registration) under this Act. Notwithstanding any other provision of law, any such medical, [or] dental or *optometric* student, hospital interne, or resident physician, surgeon, or dentist, or medical-, [or] dental- [school] or *optometric school* teacher, who is a member of a reserve component of the land or naval forces of the United States, shall not be ordered or called to active duty or into active service in any of such forces, except in time of war."

No amendments are suggested to section 3.

Senator REYNOLDS. Mr. Tydings?

(No response.)

Senator REYNOLDS. Dr. A. E. Wight?

STATEMENT OF DR. A. E. WIGHT, PRESIDENT OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION, WASHINGTON, D. C.

Senator REYNOLDS. Dr. Wight, come around, please?

Doctor, you are past-president of the American Veterinary Medical Association.

Dr. WIGHT. Senator, I am president of the American Veterinary Medical Association, an organization of about 6,400 qualified veterinarians in this country, out of a total of about 12,000.

As you have indicated you desire to have a statement submitted, we will be very glad to prepare one and cover the points that we believe should be given careful consideration to determine whether or not veterinarians should be included in Senator Murray's bill.

Senator REYNOLDS. Where is your home, Doctor?

Dr. WIGHT. Right here in Washington.

Senator REYNOLDS. You could very easily submit a paper on the remarks you would like to have incorporated in the record?

Dr. WIGHT. Yes, sir.

Senator REYNOLDS. You can do that any time this week.

Dr. WIGHT. I will be very glad to do that, and we will be glad to do it without going into the story now. I think perhaps that would be the best plan.

Senator REYNOLDS. By that, Doctor, all the members of the committee will be provided the opportunity to inform themselves as to your attitude in reference to the Murray bill or any amendment that had been suggested; and any amendments that your organization, through you as president, has for the consideration of the committee, we will be glad to have you incorporate in your digest.

Dr. WIGHT. All right, sir; I will do it.

(The statement submitted is as follows:)

STATEMENT OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION IN SUPPORT OF THE INCLUSION OF GRADUATE VETERINARIANS AND VETERINARY STUDENTS IN SENATE BILL 783

The American Veterinary Medical Association is deeply interested in national defense and pledges its full support to it. We believe, however, that there are sufficient reasons why graduate veterinarians and veterinary students should be included in Senate Bill 783, together with the provisions in the bill applying to the medical and dental professions. Among these reasons are the following:

1. The need for assuring and protecting ample supplies of meat and dairy products, and other foods of animal origin, which are essential to the nutritional well-being of the civilian population and our military forces.

Today, fortunately, the United States has ample resources of animal food products. Our livestock industry is the largest and the healthiest of any nation. This is due to well-organized and administered veterinary agencies, both public and private, which have functioned to exclude or control animal disease plagues that have hampered other nations.

The agencies that have made possible the unparalleled record of the United States in animal production and in the safeguarding of animal food products include (a) private practitioners of veterinary medicine who serve as the first point of contact and the first line of defense in the recognition and control of communicable diseases of animals; (b) the veterinary personnel of the Federal Bureau of Animal Industry; (c) the veterinary personnel of the State livestock sanitary authorities; (d) veterinarians employed by State and municipal departments of health for meat and milk inspection; and (e) the Veterinary Corps of the Army, one of whose responsibilities is the inspection and safeguarding of most of the important food products used by our armed forces.

It is a practical certainty that, for some time to come, the livestock industry of this country will be called upon to supply not only the greatly increased needs of our military establishment for all kinds of animal food products and the extra needs of a civilian population geared to a huge expansion of industry for national defense, but also large amounts of meat and dairy products for export. It would be a catastrophe to court the famine and pestilence here which have so commonly swept other countries during conflicts of lesser proportions than the one which is now almost world-wide.

The introduction and spread of a serious animal plague such as foot-and-mouth disease in this country, which is always a threat to be guarded against, could quickly disorganize and almost destroy the foundation of our essential food supplies. Our veterinary agencies are the protection against such disasters. Without adequate, well-trained veterinary agencies, both public and private, the threat to our national economy and national security is not simply an idle conjecture but a stark probability based on realism.

It may be pointed out that the final break-up of the Central Powers in the last World War came about not so much through need of actual munitions of war as through the morale-devastating lack, approaching famine, of foods, particularly those of animal origin, for both the civilian and military forces. We submit that the strength of this Nation's Military Establishment and the other measures for national defense will be no greater than the health and nutritional well-being of all our people; that ample supplies of food products from healthy animal sources are vital to the defense program; and that a properly husbanded and directed veterinary profession is fundamental to the whole problem.

2. The second great need is for a steady, uninterrupted influx of properly educated and highly trained veterinary graduates to supply the replacement needs of our veterinary forces, public and private. The veterinary personnel of the United States is relatively small, comprising some 10,000 graduate veterinarians in all fields of work. There are graduated each year from the approved schools and colleges of this country only about 500 newly qualified veterinarians. This number even in normal times is barely sufficient to supply needed replacements due to deaths, retirement, and other causes.

From 5 to 6 years or longer are now required to complete the training in veterinary medicine. Any interruption of the education of the present classes of veterinary students would inevitably lead to an acute shortage of properly qualified veterinarians within a short period. This shortage would be felt in every field of veterinary activity, the Federal and State Bureaus of Animal Industry, the Veterinary Corps of the Army, and so on throughout all ranks of the profession.

The compelling reason for including veterinary students in the provisions of Senate bill 783 is evident. These young men are badly needed to complete their training as pointed out, yet they are the very ones most liable, from an age and physical-fitness standpoint, to selection under the Selective Service and Training Act of 1940. Should the entire group be taken, it would mean the procurement of only about 2,000 effectives over the whole country.

We respectfully submit that no policy of the Selective Service Administration which would lead to the procurement of such a relatively small number of effectives for training would be defensible in the face of an almost certain break-down of essential veterinary services due to lack of properly educated and trained replacements for the profession.

Many reasons for the inclusion of graduate veterinarians and veterinary students might be elaborated upon, if time permitted. However, even brief summary of them should bring recognition of the vital importance of maintaining fully adequate veterinary services throughout this period of national emergency:

The necessity for conservation of animal resources (cattle, horses, sheep, swine, poultry) and their products (meat, milk, butter, cheese, eggs, hides, wool, glandular extracts, gelatin and many others).

The vital importance of adequate veterinary supervision over the health of animals as a public health measure.

The need for effective meat and milk inspection services by qualified personnel, in which the veterinary profession is outstanding.

The preparation of biological products such as antitoxins and vaccines that are indispensable to the public health and especially needed for the protection and immunization of our armed forces.

The absolute necessity of guarding this country against the introduction and spread of animal disease plagues which might seriously threaten our whole livestock industry and the very base of our food supplies.

In conclusion, it may be stated that wise planning now will safeguard against the possibility of future disaster. The American Veterinary Medical Association urges the passage of Senate bill 783, amended to include graduate veterinarians and veterinary students, only to insure the utilization of qualified professional personnel to serve the Nation's needs to the best possible advantage.

Our association greatly appreciates the opportunity to present the above material to the members of the Senate Military Affairs Committee and we trust that the request to have graduate veterinarians and veterinary students included in senate bill 783 may receive favorable consideration.

Respectfully submitted.

A. E. WIGHT,
President, American Veterinary Medical Association.

MARCH 22, 1941.

Senator REYNOLDS. Representative Gillie.

STATEMENT OF HON. GEORGE W. GILLIE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA

Senator REYNOLDS. We are very glad to have our colleague over here with us today.

Mr. GILLIE. I am glad to be here.

Senator REYNOLDS. We understand that you desire to have Dr. Schoening called immediately after your statement.

Mr. GILLIE. Yes, sir.

Senator REYNOLDS. We will be very glad to accommodate you.

Mr. GILLIE. All right, sir; if he gets here in time.

I am George W. Gillie, Congressman from Indiana. I have been in the practice of veterinary medicine for 30 years and at present am an officer in the Veterinary Reserve Corps. We of course are very much interested in this bill from the standpoint of including veterinary medicine, veterinary colleges, and veterinary graduates into the bill.

While as a rule it is true one does not think very much about us in connection with our professional capacity today—we have very little chance of blowing our own horn—but after all the practice of veterinary medicine, especially in the United States Army, is very important. When we think, for instance, in the last campaign in Europe, when Germany went into Poland she included in her campaign a necessary component of 200,000 head of horses and that took a great many veterinarians, and in her campaign through France and Belgium she used nearly 600,000 head of horses, and of course we do not know just how many horses we are going to need.

As I understand it now, our Army has somewhere around 50,000 head of horses, and we do not know of course just how this thing is going to come out, but in case it is necessary for us to include more horses it is going to take more veterinarians. We have but 10 recognized schools in the United States. That is all the recognized veterinarian schools there are in the United States. They graduate somewhere around 500 students a year. They have been very careful—I

mean the veterinary schools and the officers of the schools—to graduate just enough men for replacement in the veterinary profession. Now, with the added number of veterinarians that are going to be called to the service, we feel that it will be very important that the schools be kept going and that they take their place, of course, among the other professions.

Carlisle, Pa., has the largest medical training school in the East, and they include in that doctors, dentists, and veterinarians, and they are given special training along that line, and for that reason it is very important that we try to include veterinarian graduates in this bill, so I say if the bill is reported out favorably we would like very much to have the veterinarian graduate included in the bill.

Senator REYNOLDS. Have you a suggested amendment?

Mr. GILLIE. Yes; I have prepared an amendment here, and I will give it to you.

Senator REYNOLDS. Will you incorporate that in the record?

Mr. GILLIE. Yse; and I would like to incorporate a short paragraph from the veterinarian schools.

Senator REYNOLDS. We will be very glad to have it.

Mr. GILLIE. (reading):

Everything seems to be very much up in the air in regard to what will happen to our graduate veterinarians and to all of the veterinary profession in relation to the present mobilization of troops, and whatever the veterinarian colleges do it seems to me that there should be some provision made to continue veterinary colleges. Now, this can only be done by keeping intact the faculties of the colleges and permitting certain students who are particularly interested in this line of work to carry on their academic studies. We are hopeful at least our staff members may be retained and graduate students can be given Reserve commissions.

Now, in view of the fact we are talking against time, that concludes my statement.

Senator REYNOLDS. We are very much obliged to you and very glad to have you over here with us.

Senator MURRAY, do you have any questions?

Senator MURRAY. Are you going to present any further brief?

Mr. GILLIE. I will be glad to, in some detail.

Senator MURRAY. You have the proposed amendment?

Mr. GILLIE. Yes, sir.

Senator MURRAY. I think that will be sufficient.

Mr. GILLIE. That is all that is necessary. That is our story. As I say, if the bill is reported out favorably we certainly would appreciate very much if the veterinary students and graduates of colleges would be represented in the bill.

Senator MURRAY. Thank you.

Senator REYNOLDS. Just one moment, please. Senator Johnson?

Senator JOHNSON of Colorado. No questions.

Senator REYNOLDS. Senator Schwartz?

Senator SCHWARTZ. No questions.

Senator REYNOLDS. Any additional statement you wish to incorporate may be incorporated at this juncture.

(The proposed amendments by the American Veterinary Medical Association are indicated (new matter printed in *italic*, matter to be deleted enclosed in black brackets) in the following portions of the bill:)

(c) Any individual selected for training and service under this Act (1) who is a graduate of a medical school and is eligible as such a graduate for the examinations given by the National Board of Medical Examiners of the United States, or who was so eligible at the time of his graduation, or who is a graduate of a school of dentistry, or holds a degree of doctor of dental surgery or doctor of dental medicine or who is a graduate of a school of veterinary medicine, now or heretofore recognized by the A. V. M. A.; and (2) who holds a valid license to practice medicine, surgery, dentistry, or veterinary medicine in any State, Territory, or possession of the United States, or the District of Columbia * * *.

SEC. 2. (a) Subsection (d) of section 5 of such Act is hereby amended by inserting "(1)" after "(d)" at the beginning thereof. (b) Subsection (d) of section 5 of such Act is hereby further amended by adding at the end thereof the following new paragraph:

"(2) (A) Students who are preparing for the degree of doctor of medicine or bachelor of medicine at medical schools; (B) students who are preparing for the degree of doctor of dental surgery or doctor of dental medicine at dental schools; (C) hospital internes and resident physicians and surgeons who are graduates of medical schools and are eligible as such graduates for the examinations given by the National Board of Medical Examiners of the United States or were so eligible at the time of their graduation from such medical schools; (D) students who are preparing for the degree of doctor of veterinary medicine at veterinary schools; [(D)] (E) hospital dental internes and resident dentists who are graduates of schools of dentistry or hold degrees of doctor of dental surgery or doctor of dental medicine; and [(E)] (F) teachers at medical, [and] dental, and veterinary schools shall be exempt from training and service (but not from registration) under this Act. Notwithstanding any other provision of law, any such medical, [or] dental or veterinary student, hospital interne, or resident physician, surgeon, or dentist, or medical- [or] dental-, or veterinary-school teacher, who is a member of a reserve component of the land or naval forces of the United States, shall not be ordered or called to active duty or into active service in any of such forces, except in time of war."

(The statement submitted is as follows:)

STATEMENT OF REPRESENTATIVE GEORGE W. GILLIE, OF INDIANA, MEMBER OF THE LEGISLATIVE COMMITTEE OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION

One of the most important functions of the veterinarian in the United States is the inspection of meats and dairy products, consumed by both the military and civilian populations. His is an important custodianship, for he is responsible for the purity of these products—and individuals, in large measure, can be only as healthy as the food they eat.

This vital food inspection service is conducted by an army of highly trained veterinarians, in the employ of the Federal, State, and municipal governments. It is expanding each year, and if war should come, it will be the duty of veterinarians in increased measure to protect the food supply of the Nation.

Food is precious in wartime, and we must make doubly certain that animal diseases interrupt our supplies to the minimum. We must also make certain that the health of our Army, and our civilians, is properly safeguarded through careful inspection of all animal-food products.

It is needless to say that if war comes we want no "embalmed beef" scandals and no decayed food for our armed forces. With a well-organized veterinary inspection service functioning as it should function, we have a guaranty that this will not happen.

Like other professions which have greater responsibilities in times of national emergency, the veterinary profession is demonstrating that it is aware of its increased responsibilities in the national-defense program and is responding to the challenge with splendid spirit.

This spirit is manifest not only in the Army Veterinary Corps, which is being expanded to a wartime basis, but also in the maintenance of a highly efficient civilian veterinary service, dedicated to the safeguarding of the health of our animal and human families.

What a tragedy it would be, particularly during a great national emergency, should animal and human diseases become rampant throughout the country. Against this possibility stands the veterinary profession of America.

The future of this profession and the health of America should not be endangered by the wholesale drafting into the military of veterinary students, teachers, and

practitioners. For this reason, I cannot urge too strongly the necessity for including veterinarians, on an equal basis with doctors and dentists, in the provisions of the Murray bill.

Mr. GILLIE. I would like to introduce Dr. Schoening, who is chief pathologist in the Bureau of Animal Industry.

Senator REYNOLDS. We would be very glad to have you make a statement, Doctor. Will you give your full name and residence, and your official connection with the veterinary group?

STATEMENT OF H. W. SCHOENING, CHIEF OF THE PATHOLOGICAL DIVISION, BUREAU OF ANIMAL INDUSTRY, DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

Dr. SCHOENING. I am connected with the American Veterinary Association, and I would like to point out the fact that the veterinary profession is engaged in the control of animal disease, which has a marked bearing on the food supply of the country. There are a number of veterinarians engaged in practice as well as in official capacities with the various States and the Federal Government, and their energies are directed to the control of animal disease. Any break-down in the veterinarian profession due to a lack of veterinarians would have very serious consequences from an economic standpoint in the country.

As an example of that, I heard a statement made yesterday by the first secretary of the Norwegian Legation to the effect that in Norway at the present time there is a very extensive outbreak of hoof-and-mouth disease due to the disrupted conditions of the veterinarian's essential place in the European countries. As a result of this, there has been an additional decrease in the available food supplies of that country.

Our own country would be in perhaps a similar situation with the veterinarians, the veterinarian supply dwindling to the extent that it could not cope with the various activities now under their jurisdiction.

I think that the veterinarian profession is not very crowded by any means at the present time and any additional shortage of veterinarians would react very disastrously perhaps at some time or other to the welfare of the country, particularly under conditions as they exist at this time. The veterinarians are not only engaged in the active control of diseases but they are also engaged in research capacities in Federal agencies as well as throughout the States.

There are many problems still confronting the profession that need to be solved, and one of the problems at the present time is to obtain a suitable supply of properly qualified veterinarians to carry on this work. The demands that are being made on the profession by the Army at the present time is such that the profession is really in a serious situation from the standpoint of adequate supply of veterinary services that is needed in the various parts of the country. I will be glad to answer any questions you wish.

Senator REYNOLDS. Senator Murray?

Senator MURRAY. I have no questions.

Senator REYNOLDS. Senator Johnson of Colorado?

Senator JOHNSON of Colorado. No questions.

Senator REYNOLDS. Senator Schwartz?

Senator SCHWARTZ. No questions.

Senator REYNOLDS. Thank you, Doctor.

In view of the fact that the proponents of the bill have completed the introduction of their remarks and evidence, I thought perhaps Senator Murray would like to make some statement for the benefit of the record at this juncture.

Senator MURRAY. Mr. Chairman, I have no further statement to submit at this time. I believe there may be other witnesses here who might desire to submit statements in connection with this bill. I believe there is here in the room a representative of the pharmaceutical organizations, and if he desires to submit a statement, I will be glad to have the chairman call him.

STATEMENT OF DR. H. EVERT KENDIG, DEAN, SCHOOL OF PHARMACY, TEMPLE UNIVERSITY, PHILADELPHIA, PA., AND PRESIDENT OF THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

Dr. KENDIG. Mr. Chairman and members of the committee, I am president of the American Association of Colleges of Pharmacy and also represent the American Pharmaceutical Association, the National Association of Boards of Pharmacy, and the American Association of Colleges of Pharmacy by virtue of being chairman of the joint committee of these three national organizations concerned with pharmacy in the public service.

Senator REYNOLDS. Yes.

Mr. KENDIG. Mr. Chairman, this statement, giving information about pharmacy, its personnel, and the necessary public health services which it renders to the American people, is submitted with the request that consideration be given to including pharmacists and especially students of pharmacy in any measure designed to maintain an adequate supply of properly trained practitioners in the health field.

Pharmacy is very much concerned about conditions as they are developing since reports from many parts of the United States indicate a growing shortage in the number of pharmacists because for some years the schools and colleges of the country have not been graduating enough men and women to replace those dropping out of practice. This insufficient enrollment has been due to a number of causes, chiefly the depression.

(1) The preliminary census report recently issued gave the number of pharmacies or drug stores as approximately 58,000 or approximately 1 pharmacy per 2,200 persons throughout the country.

(2) The census of 1930 gave the number of pharmacists as 104,837 which is somewhat less than 2 per pharmacy. All State pharmacy laws require that a pharmacy must be in charge of a pharmacist at all times during which it is open for service.

(3) The District of Columbia and all States excepting one require that applicants for registration as a pharmacist must be a graduate of a college of pharmacy giving the approved 4-year course leading to the degree of bachelor of science in pharmacy.

(4) There are 68 colleges of pharmacy in the United States offering the 4-year course, of which 58 have been accredited by the American Council on Pharmaceutical Education and enroll approximately 95

percent of the students of pharmacy. The student registration in these schools totaled about 9,000 for the session of 1939-40, and 1,529 of them were graduated with the degree of bachelor of science in pharmacy. Approximately 75 were graduated with the degree of master of science, doctor of philosophy, or doctor of pharmacy.

(5) Competent insurance authorities advised some time ago that approximately 1,150 pharmacists are lost by death each year and approximately 1,750 by retirement and withdrawal from the field. The average number of graduates during the last 3 years has been 1,695 annually.

(6) The annual total expenditures in the United States for drugs, medicines, and medical supplies is approximately \$700,000,000 of which approximately 90 percent is distributed through pharmacies. The committee on the costs of medical care gave the Nation's total medical bill as \$3,656,000,000 in 1929.

(7) It is estimated that approximately 250,000,000 prescriptions are filled annually in these pharmacies. The annual report of the Bureau of Narcotics for 1939 shows that 51,387 retail dealers held narcotic permits. These pharmacies are responsible for the distribution of all of the dangerous drugs and medicinal poisons. These pharmacies and the pharmacists who conduct them are licensed by the States and are legally responsible for the necessary services I have mentioned. In other words, these three important public-health functions are legally imposed upon the pharmacists.

In view of the above-mentioned facts, it is urgently requested that appropriate measures be taken to insure that bona-fide students of accredited schools and colleges of pharmacy will be permitted to complete their education and training in pharmacy. This procedure is necessary in order that the required replacements in personnel will be secured and in order that our profession may continue to render an effective service to the civilian population of our country and to its armed forces.

Mr. Chairman, I did not know of this hearing until yesterday, and arrived after you had adjourned and therefore did not hear the testimony. This statement has been very hurriedly prepared and I would ask permission to amplify it and submit a brief later.

Senator REYNOLDS. That request is granted.

Dr. KENDIG. Thank you.

Dr. Kelly, secretary of the American Pharmaceutical Association, was the only member of our national organization who could be here yesterday. May I suggest that Dr. Kelly be heard? He may contribute something of value.

Senator REYNOLDS. We will be very glad to hear from him.

Dr. KENDIG. Dr. Kelly is in the room now.

Senator REYNOLDS. You may file an additional statement. You can prepare that during the week.

Dr. KENDIG. Yes. In regard to doing so, the reason I requested that permission we are making a survey now, and the questionnaire went out approximately 10 days ago to the deans of the schools of pharmacy throughout the country to elicit more accurate information about the apparent shortages of pharmacists. We are very much concerned. You will recall I said they required 3,000 more replacements and turned out only 1,695 which is slightly more than one-half required.

Senator REYNOLDS. Senator Johnson?

Senator JOHNSON of Colorado. May I ask this question? To what extent would the difficulties which you are experiencing under this bill be obviated were the American Legion proposed amendment adopted restricting the age limit to the ages between 18 and 21 insofar as conscription is concerned?

Dr. KENDIG. Senator, I have not given thought to this matter, but I would say we enroll direct from high school. I suppose the average age is 17 to 18.

Senator JOHNSON of Colorado. If they take the year's service, you can enroll them after they take the year's service?

Dr. KENDIG. Yes.

Senator JOHNSON of Colorado. It would not disrupt as much as at present?

Dr. KENDIG. It would be disrupting, but not quite as disrupting.

Senator REYNOLDS. Thank you, Doctor.

(The statement submitted by Dr. Kendig and his letter of transmittal appear below, following the testimony of Dr. E. F. Kelly.)

STATEMENT OF DR. E. F. KELLY, WASHINGTON, D. C., SECRETARY OF THE AMERICAN PHARMACEUTICAL ASSOCIATION

Dr. KELLY. Mr. Chairman, I want only to make this comment to register our complete support of the statement made by Dr. Kendig and to ask that we be permitted to join in the brief which he will later submit, because of the fact that we are also collecting data in reference to this present situation which we will not have available for the next few days.

Senator REYNOLDS. That will be perfectly all right, Doctor, and we will be glad to receive it any time during the present week.

It is understood Dr. Kelly will later present a statement for the record and the reporter will be good enough to incorporate it at the end of the testimony. [See Dr. Kendig's letter below.]

Senator, as author of the bill, have you any statement to make at this time?

Senator MURRAY. No, sir.

Senator JOHNSON of Colorado. I would like to address my question to Senator Murray. I have just asked Dr. Kendig to what extent would the difficulties which are trying to be relieved by this legislation be obviated by the adoption of the American Legion's plan for changing the ages of the conscripts from 18 to 21 instead of 21 to 35 as in the present act? Have you given any thought to that?

Senator MURRAY. I have not given any special thought to it, but it would strike me offhand as relieving the situation very considerably. A military training is beneficial. I have heard a great number of students express the notion that if they were permitted to take military training before entering upon their college career or professional course they would have no objection to it at all. It would seem to me that the plan suggested by the American Legion would obviate a great deal of the difficulty.

Senator JOHNSON. I am glad to have that response, Senator Murray. It seems to me that is the answer to all of the demand that is now being made for this sort of legislation. In other words, if a boy had a year of military training it could not possibly do him any physical harm

and it would not interfere very much with the professional life that he is training for.

Senator MURRAY. Being selected, of course, for military training, after he has once started in a course of medical study, it would be very difficult for him to resume his studies again after that. In fact, I believe it would be impossible.

Senator JOHNSON of Colorado. It not only disrupts the life, but it disrupts the schools. It makes it very difficult for the educational institution as has been proven to us time and time again in the testimony before us.

Senator REYNOLDS. As I understand, Senator Johnson, your position is this: If they are drafted from the age of 18 up, at 18 they could get the military service prior to premedical or preparation for the study of law or any other profession?

Senator JOHNSON of Colorado. That is right.

Senator REYNOLDS. That is pending in this committee. Senator Sheppard introduced a bill reducing the age limit to 18. Was that at the instance of the War Department?

Senator JOHNSON of Colorado. No, sir; the American Legion.

(The letter and statement referred to above follow):

THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY,
Philadelphia, Pa., March 28, 1941.

Senator MORRIS SHEPPARD,

Chairman, Committee on Military Affairs,

United States Senate, Washington, D. C.

DEAR SIR: The enclosed is respectfully submitted to supplement my testimony before the subcommittee which held hearings on the Murray bill March 19, 1941. A shortage in the supply of pharmacists is very clearly indicated by the tables and emphasizes the importance of giving careful consideration to the deferment of military training for students of pharmacy until after graduation so that an adequate supply of pharmacists will be available for performing the essential pharmaceutical services required in civilian life and in the military forces of the Nation.

Very truly yours,

H. EVERT KENDIG, *President.*

This report of a survey of the pharmacist supply or shortage in the United States has been compiled from replies to a questionnaire distributed to the deans of the schools and colleges of pharmacy holding membership in the American Association of Colleges of Pharmacy, March 1941, by Dr. Ernest Little, chairman of the executive committee of the American Association of Colleges of Pharmacy. The questionnaire was sent to 59 colleges and universities and replies have been received to March 28 from the 48 institutions listed.

The report is submitted by Dr. H. Evert Kendig as a supplement to his testimony of March 19, 1941.

Report of survey of shortage of pharmacists in the United States

[As of Mar. 28, 1941—returns not complete]

ACUTE SHORTAGE

<i>State</i>	<i>School or college of pharmacy reporting</i>
Connecticut.....	Connecticut College of Pharmacy.
Florida.....	University of Florida.
Missouri.....	St. Louis College of Pharmacy.
Nebraska.....	Creighton University.
New York.....	University of Buffalo.
South Carolina.....	Medical College of the State of South Carolina.
Washington.....	State College of Washington.
Do.....	University of Washington.
Michigan.....	Wayne University.
Total, 9.	

DEFINITE SHORTAGE

<i>State</i>	<i>School or college of pharmacy reporting</i>
Colorado.....	University of Colorado.
Georgia.....	University of Georgia.
Kansas.....	University of Kansas.
Kentucky.....	Louisville College of Pharmacy.
Minnesota.....	University of Minnesota.
North Dakota.....	North Dakota Agricultural College.
Oregon.....	Oregon State College.
Pennsylvania.....	Temple University.
Do.....	Philadelphia College of Pharmacy and Science.
Rhode Island.....	Rhode Island College of Pharmacy.
New Jersey.....	Rutgers University.
Total, 11.	

MODERATE SHORTAGE

Iowa.....	State University of Iowa.
Louisiana.....	Loyola University.
Maryland.....	University of Maryland.
Massachusetts.....	Massachusetts College of Pharmacy.
Michigan.....	Ferris Institute.
Mississippi.....	University of Mississippi.
New York.....	Columbia University.
Do.....	Long Island University.
Do.....	Fordham University.
North Carolina.....	University of North Carolina.
Ohio.....	Ohio State University.
Pennsylvania.....	Duquesne University.
Do.....	University of Pittsburgh.
South Carolina.....	University of South Carolina.
South Dakota.....	South Dakota State College.
Tennessee.....	University of Tennessee.
Texas.....	University of Texas.
West Virginia.....	West Virginia University.
Wisconsin.....	University of Wisconsin.
Montana.....	State University of Montana.
Michigan.....	Detroit Institute of Technology.
Total, 21.	

WHOLESOME SHORTAGE

Indiana.....	Purdue University.
Nebraska.....	University of Nebraska.
Virginia.....	Medical College of Virginia.
District of Columbia.....	George Washington University.
Total, 4.	

NO SHORTAGE

Indiana.....	Indianapolis College of Pharmacy.
Alabama.....	Alabama Polytechnic Institute.
Total, 2.	

Senator REYNOLDS. Now we will hear from the opponents of the bill.

General Hershey, before you testify, I want to read to the members of the committee here a letter addressed by you as Deputy Director of the Selective Service System, to Senator Sheppard, the chairman of the Committee on Military Affairs, under date of February 25, 1941:

DEAR SENATOR SHEPPARD: In response to your letters of January 16, 1941, and February 7, 1941, in which you request reports on S. 197 and S. 783, the latter of which is a substitute for the former, the following comments regarding the substitute bill are submitted for the consideration of your committee.

The first section of S-783 provides in effect that any doctor of medicine or dental surgery who has been awarded a degree by a recognized medical or dental school, is licensed to practice and is engaged in such practice, and who is selected for training and service under the Selective Training and Service Act, shall, in lieu of induction be commissioned in the Medical Department Reserve, Officers' Reserve Corps, and ordered to active duty.

Section 2 of the proposed bill proposes virtually a blanket deferment of all medical and dental students, hospital interns, resident physicians and surgeons, hospital dental interns and resident dentists, and teachers at medical and dental schools.

Section 3 of the proposed bill seeks to make the provisions of the law retroactive and to be effective as of the time of the passage of the Selective Training and Service Act.

It is with respect to section 2 of the proposed bill that Selective Service is primarily concerned, the other sections being more directly related to the respective services.

It is believed that the Congress in enacting the Selective Training and Service Act has thoroughly and unequivocally announced a policy which permits of no group or class deferments and has wisely left all matters pertaining to classification and selection to the local civilian boards, which will make all determinations upon the facts of the individual case. This proposal is entirely inconsistent with the policy already enunciated by the Congress and it is believed that the enactment of such a law would immediately cause the introduction of a flood of bills at the insistence of various groups who have in the past sought and are still seeking various occupational or group deferments or exemptions. If the gates are ever opened by permitting any group or class deferment, it is certain that the effective and orderly administration of the act will be greatly impaired and, if carried very far, will to a very considerable extent render it inoperative. Such legislation would destroy uniformity of treatment and would immediately be subject to the charge that it is class legislation.

The experience with the World War Draft Act demonstrated any type of class deferment or exemption to be most unwise. It was the view of General Crowder, the World War provost marshal general, and members of his staff who administered the law that any type of class deferment should be avoided.

While sections 1 and 3 are of primary concern to the land or naval forces, it may be proper to invite attention to one possible inequality that might result from the adoption of such provisions. Many medical students have assumed the additional burden of Reserve Officers' Training Corps work and have thereby qualified for commissions in the Reserve Officers' Training Corps. This proposal would enable other medical students who have not carried this burden during their school years to be commissioned in the event of their induction and would, even among medical students somewhat similarly situated, result in unequal treatment.

It is recommended that S. 197 and S. 783 be not favorably considered.

Sincerely yours,

LEWIS B. HERSHEY, *Deputy Director.*

And I might add, in connection with this communication and his mention of the local boards, that on yesterday there was placed in the record a press release from the War Department relating to a physician who had practiced medicine, in Honolulu, I believe, for a period of 2 or 3 years, and who, when inducted into the service, was immediately commissioned either a first or second lieutenant.

Now, General, if you would be good enough to provide the record with your full name and your official governmental connection, and then any statement that you desire to make in rebuttal of the testimony or in opposition to the bill as related in your letter of February 25, we shall be very happy to receive it.

STATEMENT OF BRIG. GEN. LEWIS B. HERSHEY, DEPUTY DIRECTOR, SELECTIVE SERVICE SYSTEM, WASHINGTON, D. C.

General HERSHEY. Mr. Chairman and members of the committee, I am Lewis B. Hershey, Deputy Director of the Selective Service System. I desire at this time to introduce my associates, Col. John B. Langston, chief planning counsel; Commander D. S. S. Howard, and Maj. Elbert Barron, who are legislative contact officers, and Lt. Col. Richard H. Eanes, assistant chief, Medical Division, of the Selective Service System.

I feel that the Selective Service System and its representatives comes back to its birthplace, if it had one, when it comes before the Military Affairs Committee. There is no group on earth that knows as much about us and our formation.

Senator REYNOLDS. At least I can say we know you. We had you with us many weeks, and it was a very pleasant association. We are very happy to have you again.

General HERSHEY. It is mutual, sir, and I have been very happy.

Senator MURRAY. Mr. Chairman, I hope the opposition will follow the same course as the gentlemen I have brought here in connection with this bill. We spent a very pleasant day yesterday.

Senator REYNOLDS. We have a very high regard and respect for the gentlemen who testified in favor of the bill. You had a number of witnesses, and they provided us with a lot of beneficial information.

General HERSHEY. I think that is true. It happens about 30,000 of the individuals who are carrying the load at the Selective Service are either doctors or dentists, so believe us, we are all very much interested in doing all those things which contribute to the national health, safety, and interest.

We oppose this bill on three general principles. We believe it violates blanket deferment. We believe the law is so recent that it is yet too early to decide just exactly what the crystallization in administration should be, and lastly, we believe that efforts have been and are daily being made to try to solve the problem with which we find ourselves continuously confronted.

May I read a part of section 5 (c) of the bill, because it says in the best words I know the principles which we are enunciating:

No deferment from such training and service shall be made in the case of any individual except upon the basis of the status of such individual, and again no such deferment shall be made of individuals by occupational groups.

We believe that this principle was wisely written into the law. Previous experience of the World War and 20 years of study of that experience demonstrate that, and we believe to vary from it will open the door to a parade of individuals, all of them perhaps worthy—engineers, chemists, veterinarians, teachers, pharmacists, geologists, physicians, plumbers, firemen, policemen, and so forth.

I have many letters which would demonstrate this. I shall bother you with but one. I have here a letter from the American Chemical Society under date of March 18, 1941, as follows:

Brig. Gen. LEWIS B. HERSHEY,

National Selective Service System, Washington, D. C.

MY DEAR GENERAL HERSHEY: I was present at the hearing this morning on the Murray bill and was again impressed with the task before you and with the wisdom of the selective-service law in that deferment is based on the "necessary man" rather than on a blanket exemption of any group or class. While maintaining and maintaining strenuously that there is as great if not greater shortage of chemists and chemical engineers than there is of any other profession, while asserting without fear of contradiction that from 4 to 7 years are essential training to enter the profession and while maintaining that practically all trained chemists and chemical engineers are, as individuals, essential men to the procurement program, we do not ask that they be deferred as a group unless the whole basis of selective service is broken down by the deferment of other groups. Should this occur, there is no group that has a greater claim to be made an exception. If blanket deferment is given, I am confident that there would be many abuses. While I know that a few trained chemists have been inducted into the ranks who could serve their country far better where, like West Point graduates, they have been trained to serve, nevertheless the number is small and I have nothing but praise for the way you

and you subordinates have handled the program. It was inevitable that in such an immense undertaking some mistakes would be made by some of the local boards and even by a few State deferment officials, but I have no doubt, as in the last war, that these few mistakes will be corrected and that these men will be furloughed from the Army or assigned to undertakings where they are best fitted to serve the country.

Should the Murray bill have any prospect of passage, chemists and chemical engineers should be included. They have just as much right to commission status as the medical and dental professions. There is no profession today that requires longer or more extensive training and experience to function successfully than that of chemistry and chemical engineering. However, we ask no favors for members of this profession, but simply that in guiding any legislation their usefulness to the country's needs be the first consideration.

While there is a shortage of both chemists and chemical engineers, as outlined in my letter of February 12 to the industry, copy of which is enclosed, there is great danger that this shortage will be increased to a critical extent unless some action is taken to assure the continuation of the training of those who are enrolled in our colleges in this line of endeavor. It will indeed be serious a year or two hence if the outcoming crop of trained chemists and chemical engineers continuously declines. I am sure, however, that you are making careful plans to avoid this contingency.

Sincerely yours,

CHARLES L. PARSONS, *Secretary*.

Senator REYNOLDS. General, you have finished that letter, and at this juncture I want to ask you a question. I have before me a letter, dated March 15, 1941, addressed to me by Hon. Claude L. Love, attorney at law in my home town at Asheville, N. C., raising the question as to whether or not service in the army of a foreign country should exempt a citizen of the United States from the provisions of our selective-service law. I bring this letter to your attention at this time, in view of the fact that it makes mention of the exemption of another group. What is your answer to that letter?

General HERSHEY. I think that we can say that at the present time we do not believe we have administrative license to excuse from our service service in a foreign army. I would say, without very much opportunity to study it, I believe that is a thing Congress will have to look into, because I think the power lies beyond that delegated to us.

Senator REYNOLDS. What would be the attitude of your organization?

General HERSHEY. I would prefer to reserve that until we had given it a little more study.

Senator REYNOLDS. As a matter of fact, it would probably be given more serious consideration if we were actually physically at war and had declared war. Is that not true?

General HERSHEY. That is true. In the World War, when we became a belligerent, then service with other co-belligerents was recognized.

Senator REYNOLDS. That was done in the last war?

General HERSHEY. Yes, sir.

Senator REYNOLDS. Doubtless it would be done in any war we might participate in.

General HERSHEY. Doubtless.

Senator REYNOLDS. As I understand, your organization would be opposed to the exemption of this class of volunteers as you are opposed to the exemption of groups now proposed through the Murray bill?

General HERSHEY. Well, on very casual thought, this has to do with something that is entirely a matter of foreign policy.

Senator REYNOLDS. But it relates to a group, because quite a number of our American boys have already volunteered.

General HERSHEY. Some went before they registered, and that question never becomes an issue until some time afterward.

Senator REYNOLDS. Well, I am very much obliged to you, General, because I wanted to be in position to intelligently reply to the letter of Mr. Love. By way of reply, I may add I will merely send him a copy of the record, which we will have printed, and your statement today.

You will pardon the interruption, but I thought that was the proper time to bring it to your attention.

General HERSHEY. Yes, sir. I want to deal for a second with the second point, and that is the question of changing the law without having had very much experience in its operation. I would like to say a word about the congressional provision of the law which defers all students until July 1. I speak of it only for this reason:

I think you will find the great majority, well, probably 90 percent of the students that have been deferred this winter, were deferred into what we call 1-D—that is, the individuals deferred into that class were those who were at school.

Now, let me point out that some of that was a matter of convenience. A local board looking at a case that is obviously one not needed to be settled for 6 or 7 months and with many pressing things, which it had to settle, it tended to put the man in class 1-D just as well as the man with dependents in class 3.

Now we are confronted with a reclassification of those individuals, and a little later I want to present some of the measures which we are taking to insure that these individuals are reclassified, not only on the basis of information which has originated since their former classification but by use of the information existing about that particular individual. I believe I am not being over optimistic when I say that had these classifications been final, a very much larger percentage of them would have been in class 2-A, which is the occupational deferment, which would again give the student, if he is in fact preparing for a necessary occupation, this exemption, so I do not believe any information which was used for putting people in class 1-D now should be taken as too conclusive of what these local boards will do during May or early June in reclassification of the students, and we have taken some very definite and positive steps to try to insure all facts were available to the local board.

Now, I do not want to try to give too much information that is rather sketchy in character. I have tried to find how many doctors and dentists have been actually inducted. I am sorry to say my figures do not agree exactly with those which have been given before. I have but three sources of information. First of all we have the survey which is not entirely completed of the selective service system. I have the report before me on 20 States. I might give the States. It gives a little idea.

They are Delaware, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, and Wyoming.

Now, on the basis of the occupational survey of our class 2, which is occupational deferment there again on the basis of returns from those 20 States we have six doctors.

Senator REYNOLDS. What proportion of the population does that represent?

General HERSHEY. I cannot answer that. New York is not included so there you have 10 percent of the population. However, Illinois is a rather large State. Pennsylvania is not there. Massachusetts is not there. Michigan is not there. I think less than half, easily on the basis of that we have not disturbed very much the question of dentists and doctors. We have had six doctors placed in class 1-A.

Of this group we had 62 that were placed in 2-A. That is only 68 doctors that came up in these 20 States on the basis of my present information.

We had only 7 dental students considered. That obviously indicates the ones put in class 1-D did not appeal and hence it was considered a deferred class, so that they are not included, but of the 7, 2 of them were classified in 2-A and 5 in 1-D. Of the dentists, 3 were put in 1-A and 7 were put in 2-A. Of the medical students 26 were put in 2-A and 12 who appealed were put in 1-D. All the remainder apparently were put in 1-D and did not appeal.

Now, I realize that those figures are not at all conclusive, but they are the best I can give you this morning from the Selective Service System.

Senator JOHNSON of Colorado. They do not take into consideration at all the commissioned officers in the Army, Navy, or Marine Corps?

General HERSHEY. No, sir.

Senator JOHNSON of Colorado. Which is quite considerable and which has affected the profession in its services to the communities?

General HERSHEY. There is no doubt about that, so far as the selective service law goes in that part of Senator Murray's amendment which amends the law we administer. I am not talking about the part the War Department administers, I am not appearing for the War Department, but that part of the law that is being amended by Senator Murray's amendment and being administered by the War Department, they will answer that.

Senator JOHNSON of Colorado. This matter has to be considered in its entirety. You can't pick up one phase of it and feel you have a solution or that you have touched on the problem at all.

General HERSHEY. We have not certainly touched on the entire problem, but the entire problem is some of our problem and some of the War Department. In other words, we are just presenting our little pattern. Unfortunately we cannot present that as fully as we would wish.

I have from the Surgeon General's office information that of the six doctors who have been inducted, two have been commissioned and four commissions are in process. Their information to me is 52 dentists have been inducted and none of them as of this date have been commissioned.

The other source of information which I have is taken from running in the Adjutant General's office 20,000 cards of individuals who have been inducted. We ran them primarily to get the age groups, but there was some information on them on doctors and dentists. These

are but 20,000 of some 250,000 that have already been inducted. We only picked up 23 dentists and 5 doctors in that 20,000. In another week or two we will have 150,000 cards, and I think our figures will probably be nearer the figures we ought to have, but from those three sources I am led to believe that the number of doctors so far that have been inducted is rather small and the number of dentists is many times the number of doctors, or shall we say larger?

I pass now to the third point that the safeguards that we are using, that are provided by the bill, or we are trying to use or discover within the limits of the bill. I see no need in outlining the incidental protection of dependents and physical disability. I wish only to say while I believe that probably the students do not get very much dependent deferment, yet in the United States somewhere between 60 and 75 percent of all our registrants are deferred for that reason, and we must admit, with the great many records at the present time, that our physical disabilities are deferred one out of every three.

Now, some of that will probably be corrected, but there may be such a time coming we will have to take individuals who have had some corrections made afterwards, but at the present time we are losing about 33½ percent of the individuals who are put in class 1, and I have no information which I can give you on whether those rejections follow the age group rather evenly or whether they are found in the older groups, but due to the fact 50 percent of the men we have inducted of the first 20,000 were between 21 and 24, leads me to believe that many of the rejections must come in that group because apparently that is where most of the individuals are that are being placed in class 1-A.

Now, on occupational deferments, we have in the regulations the following:

Par. 350. *General rules for classification of Class II-A.*—(a) On the local board is placed the responsibility of deciding which men should be deferred because of their civilian activities. It is in the national interest and of paramount importance to our national defense that civilian activities which are contributing to the national health, safety, and interest should be disrupted as little as possible, consistent with the fundamental purpose of the Selective Training and Service Act.

(b) Section 5 (e) of the Selective Training and Service Act provides: "No deferment from training and service shall be made in the case of any individual except upon the basis of the status of such individual, and no deferment shall be made of individuals by occupational groups or groups of individuals in any plant or institution * * *"

351. "*Necessary man*" defined.—A registrant shall be considered a "necessary man" in industry, business, employment, agricultural pursuit, governmental service, or in any other service or endeavor, including training or preparation therefor, only when all of these conditions exist:

(a) He is, or but for a seasonal or temporary interruption would be, engaged in such activity.

(b) He cannot be replaced satisfactorily because of a shortage of persons with his qualification or skill in such activity.

(c) His removal would cause a material loss of effectiveness in such activity.

352. *Composition of Class II-A.*—(a) In Class II-A shall be placed any registrant found to be a "necessary man" in any industry, business, employment, agricultural pursuit, governmental service, or any other service or endeavor, or in training or preparation therefor, the maintenance of which is necessary to the national health, safety, or interest in the sense that it is useful or productive and contributes to the employment or well-being of the community or the Nation.

(b) In determining whether a registrant is a "necessary man," the local board shall give due consideration to those registrants engaged in any activity which is essential to the national health, safety, or interest in the sense that a serious interruption or delay in such activity is likely to impede the national-defense program.

353. *Length of deferments for Class II-A.*—Class II-A deferments shall not be for a period longer than 6 months. However, such deferments shall be renewed for further periods of not to exceed 6 months, unless the local board shall determine that the registrant should be reclassified as provided in section XXX.

Now, in order to attempt to implement these regulations in paragraph 124 of volume 1 of the Selective Service Regulations, you will find the following:

124. *State advisors on occupational deferments.*—In each State, one or more officers of the land or naval forces of the United States shall be assigned to State headquarters for selective service for the purpose of furnishing information with respect to occupational deferments. They shall be available under instructions of the Governor to furnish information to State headquarters, local boards, and Government appeal agents on questions relating to occupational deferments. They shall maintain liaison between State headquarters and procurement agencies of the War and Navy Departments in the State; and liaison between State headquarters and procurement agencies in Washington, through the Director of Selective Service. One or more representatives of industry and, where applicable, one or more representatives of agriculture shall be designated for each appeal board area by the Governor for the purpose of assisting the State advisor on occupational deferments.

I would like to read instructions we sent to all State directors on February 21, and I might say in this particular paper as in all other papers that a memorandum that goes from us to State headquarters necessarily takes some little time until it is received, digested, and becomes a part of the life and behavior pattern of the average local board. That I think need not be emphasized. You are all quite aware of how long it takes to get rather large educational projects over, and after all our whole problem is a problem of education, trying to get the common denominator of our people up to the point where they will permit, and demand, if you will, an operation along a particular line, and that we must have because public opinion is the master that we must serve in selective service. We affect the lives of too many millions to not follow each quiver that they have.

So this one that I shall read you of February 21, and March 7, it may be 2 or 3 weeks before we begin to get this digested as part of their behavior.

The one of February 21, 1941, is as follows:

To All State Directors:

In view of the increasing importance of rapidly expanding defense production to the national safety and interest, it is essential that the selective service system be so administered as not to interrupt, delay, or impede the national defense program. This is the clear intent of the Selective Training and Service Act of 1940 and the Presidential regulations prescribed thereunder.

Section 5 (e) of the act specifically authorized the President to provide for the deferment from service and training of those men whose employment in industry, agriculture, or other endeavors is found by the local boards to be necessary to the maintenance of the national health, safety, or interest. Under the authority of this provision the President, in section XXII of the Regulations, specifically directed local boards to defer in Class II-A all registrants found to be so necessary. In paragraph 352b, he calls particular attention to the importance of protecting the national-defense program:

"In determining whether a registrant is a 'necessary man,' the local board shall give due consideration to those registrants engaged in any activity which is essential to the national health, safety, or interest in the sense that a serious interruption or delay in such activity is likely to impede the national-defense program."

Local boards must give full weight to this provision in dealing with the claims for occupational deferment of necessary men engaged in activities necessary to the national defense, including those necessary to defense production.

There is a dual responsibility imposed upon local boards as they must not only select those who are needed by the armed forces, but must also defer those who are necessary in the production of defense materials. They must take fully into consideration the entire national-defense picture in making that selection or deferment. The President has said that the United States must become the "great arsenal of democracy." He has created the Office of Production Management with broad powers to bring our vast industrial machine to its ultimate capacity. The Director of that office has said that he has but one mission—"production, production to the maximum of American resources." The Associate Director has set up a vast industrial training program to check growing shortages of skilled workers caused by our rapidly expanding defense production.

Selective Service in order to fill its quotas for the armed forces need not unnecessarily increase these shortages, or otherwise impede the national defense. The regulations governing the local boards' determinations in occupational deferment cases were written with the specific intent to insure this result.

Any unnecessary aggravation of existing shortages of necessary workers in defense activities can be prevented by carrying out the intent of paragraph 352b of the regulations with an intelligent realization of the magnitude of our program for defense production.

The national industrial training program can be protected from unnecessary interruptions by carrying out, with a due regard for the acute national need for such training, the intent of that phrase in paragraph 352a which provides for the deferment of those "in preparation or training" for a necessary occupation in an activity necessary to the national interest.

Threatened exhaustion of the remaining pools of highly skilled workers, not employed at the moment in defense activities, but necessary in the immediate future to rapidly expanding defense production, can be anticipated by foresight in the application of the test of a "necessary" man in paragraph 351a: "He is, or but for a seasonal or temporary interruption would be, engaged in such activity."

In applying these broad provisions there must be no deviation from the clear statutory prohibition against group deferments. The local board has full authority and responsibility for deciding whether or not a registrant is a necessary man and whether he should be selected or deferred. It must consider all of the evidence submitted in connection with each individual case and must decide each case on its particular facts.

The one of March 7 deals particularly with people in training and is as follows:

MEMORANDUM TO ALL STATE DIRECTORS (I-10)

Subject: Classification of registrants in training or preparation (III)

The proper classification of students and other registrants in training or preparation constitutes one of the major problems of the Selective Service System. Marked concern has been manifested by educators and other interested persons with respect to the status of students after July 1, 1941, particularly those students enrolled in professional, scientific, technical, or highly specialized fields of endeavor.

The group deferment of students provided by the act expires July 1, 1941, and it will, therefore, be necessary for the local boards to reclassify all students now in Class I-D or I-E prior to July 1, 1941. In reclassifying students, all facts in the possession of the local board at the time of the student's classification in I-D or I-E should again be given full consideration, together with any evidence of changed status which may have occurred since classification.

It is clearly the duty and responsibility of the local board to determine the classification of each registrant. The intelligent selection or deferment of registrants, as the national interest may require, is the fundamental purpose of the Selective Training and Service Act of 1940 and the Regulations prescribed thereunder.

In paragraph 352 of the Regulations, it is provided that a registrant shall be placed in Class II-A if the registrant is found by the local board to be a necessary man in any industry, business employment, agricultural pursuit, governmental service, or any other service or endeavor or in training or preparation therefor, the maintenance of which is necessary to the national health, safety, or interest. Local boards shall give proper weight to this provision in dealing with the claims for occupational deferment of necessary men engaged in training or preparation for activities necessary to the national health, safety or interest.

Students or other registrants undergoing instruction may be deferred in Class II-A by the local board where the activity for which the registrant is in training or preparation is one essential to the national health, safety, or interest, and the registrant is found to be a necessary man. The necessity of providing the required replacements for an addition to those men deemed by local boards as being engaged in essential activities should be considered by local boards in making their determination in individual cases. In determining whether or not a student is a necessary man within the provisions of paragraph 351, the local board should give due consideration to such factors as the length of time which the student has been pursuing the course in question, his relative progress and standing in such course, and his relative chances for employment or placement in the activity for which he is preparing. This latter factor may be evidenced by contracts of employment or other reasonable assurance that the registrant will engage in an essential activity.

The period of deferment in Class II-A may not exceed 6 months but such deferment may be renewed from time to time if the local board finds that such continuance is justified under the regulations.

In applying these broad provisions there must be no deviation from the clear statutory prohibition against group deferments. The local board has full authority and responsibility for deciding whether or not a registrant is a necessary man and whether he should be selected or deferred. It must consider all of the evidence submitted in connection with each individual case and must decide each case on its particular facts.

Senator JOHNSON of Colorado. Mr. Chairman, may I ask the General just what is the object of reading all these regulations?

Are you attempting to show this bill is not necessary, that everything contemplated under the bill can be taken care of by regulations and is taken care of by regulation? Is that the object?

General HERSHEY. I think, Senator Johnson, we do oppose the bill. We are attempting to show what we have done in the administration. We are trying to show what we believe to be about the maximum of what we can do in the administration and of course the determination of whether or not there should be additional things done by legislation can be made and will be made by the committee, but they should have the facts as to what has been done in attempting to administer the law as it is written.

Senator JOHNSON of Colorado. The regulations as we have heard them read sound very interesting and I notice they are full of the word "may" from place to place, the local board "may". They say the local boards may. I do not find the word "must" in there, nor do I find what would happen if the local board may not do it if it in their judgment—are they to be superior in this matter? Is that the finality in your regulation, the judgment of the local board?

General HERSHEY. I perhaps have neglected and I was going to get on to the question of appeal.

Senator JOHNSON of Colorado. I am sorry to have interrupted you.

General HERSHEY. No; not at all. I will be glad to discuss this now. This is the best way.

Senator JOHNSON of Colorado. I am just a little bit bewildered. There are so many words and so many regulations I am in a complete haze listening.

General HERSHEY. I certainly apologize.

Senator SCHWARTZ. Do not get discouraged. We have had a volume of words for the last 3 or 4 days and we want the whole picture. All we are after is the truth.

General HERSHEY. Let me say, Senator Johnson, we do believe in the selective service system, that Congress, in setting up the Selective Service Act definitely and positively placed the initial determination

of administrative requirements on the local boards. We may be wrong, but that is what we understand section 10 of the law to state, not only that the Congress said the local board would do that, but who would constitute it.

Now, the liability for service is within the age group and is universal. There is no question about liability. Then we state we cannot take you all, the people we take must be the ones that we can use, and if we possibly can avoid it, should not be the people who maintain the national health, the Government structure, and other things.

Now, someone had to decide who should go and who should stay. There are two ways to do it. You could provide by law exactly who would go and who would stay, then the administration would merely be to look into the book and find the type that met this particular individual. I think Congress did not approach it in that direction. They said the law decentralizes. We will place upon each community the determination of who shall go first. Having done that they said it is not fair to take the local board and be the final "be all" and "end all."

We will let them make the initial determination subject to another board who has a little broader view. Not only that, we have provided in the regulations for the board in the case of dependents and we are attempting now to meet the additional situation to make it so anyone who is not satisfied with the classification in the second board, they may appeal to the President.

While in this class on dependents it has not been exercised by very many people, but one of the restrictions on it is they must convince one of the five on the board of the justice of their appeal, which does not seem to be particularly restrictive.

Senator JOHNSON of Colorado. In your opinion, can all the relief prayed for in the so-called Murray amendment—can all the relief asked for in that amendment be granted by the local boards or the appeal boards, and by the Selective Service System?

General HERSHEY. That is sort of a guess. I would answer you by saying "no." I do not believe there is any legislation that will give the American public what they want.

Senator JOHNSON of Colorado. I am asking you.

General HERSHEY. They want security.

Senator REYNOLDS. Under the present law your boards have actually a right to provide exemption for all of the people who have been mentioned in Senator Murray's amendment?

General HERSHEY. Yes, sir.

Senator REYNOLDS. They have that right?

General HERSHEY. Senator Johnson asked would our people provide it.

Senator JOHNSON of Colorado. I did not say "will they." I said "can they."

General HERSHEY. Yes, sir.

Senator JOHNSON of Colorado. Can they provide all the relief that is asked for in the so-called Murray amendment?

General HERSHEY. They can provide it. They must be convinced it is justified, which, unfortunately, they are not in all cases. They are not convinced on some of the relief requested. This is merely a small group. These people are rather infinitesimal in the number of individuals asking to be given special consideration.

Senator JOHNSON of Colorado. The real point I am trying to get to is you are appearing in opposition to the Murray amendment. Are you offering these regulations as an objection on the ground that already regulations have been set up to give the relief that is asked for in the Murray amendment?

General HERSHEY. The local boards can give it. We believe that the determination even by 6,500 boards will in the long run give, first, speedier schedules, more personalized treatment of the individual than you can possibly achieve by attempting to make it a matter of law.

Senator REYNOLDS. May I ask one question, Senator, because you may want to follow that up. If you induct into the service a practicing physician they would not put him in the ranks as an ordinary gun carrier. Would they not utilize his professional services?

General HERSHEY. The Army would be able to answer that, but I am told they will commission any man a doctor in the Medical Corps who has the qualifications to be an officer.

Senator REYNOLDS. Suppose a man has been practicing, for illustration, 10 years, he has been duly and legally licensed, he has a good practice in his community, he goes into the Army, he is inducted into the service. That man's services would be utilized, would they not? They would not put him in the ranks as a cook or waiter?

General HERSHEY. One of the things that brings up the discussion is there a lack. There was a doctor who did not tell anyone, and one of the provisions is an application for a commission because the Army does not commission anyone that does not ask for it.

Senator REYNOLDS. They have to make application?

General HERSHEY. Yes, sir.

Senator REYNOLDS. And if they make application due consideration is given?

General HERSHEY. If he does not he is not commissioned.

Senator REYNOLDS. If he does not want to be commissioned you cannot make him take the commission, can you?

General HERSHEY. No.

Senator REYNOLDS. In the instance of the medical student, when you induct him into the Army, is it not true the officials thereof immediately place him in that branch of the Service where he can render the most aid?

General HERSHEY. I am not up here representing the Army. They go to the reception center and they proceed to get his qualifications. Now, he is going to be given a period of training which teaches him to take care of his clothing and himself.

Senator REYNOLDS. That is preliminary?

General HERSHEY. It runs into a couple of months and unfortunately those are the times the man is not being used.

Senator REYNOLDS. Say for 2 or 3 months?

General HERSHEY. Yes, sir.

Senator REYNOLDS. But if they were medical students they would naturally want to be assigned to the medical division of the Army?

General HERSHEY. That is right.

Senator REYNOLDS. Where they could serve as sort of an assistant or nurse because the association would be beneficial to them professionally. Is that not true?

General HERSHEY. That is true.

Senator REYNOLDS. He would be assigned to that division?

General HERSHEY. Undoubtedly we have set up at great length what I think is being a very successful classification of individuals. The opportunities I have had to check their work there has been remarkable improvement in spite of the fact the system had to be created by the Army. In other words, you will find interviewers in the reception centers men who were 6 weeks ago just like the men following.

In other words, the Army, which is five times as big as it was a year ago, has to fill itself from the ranks.

Senator MURRAY. This bill of mine expects to get away from that very situation you describe there. You say if a medical student comes, before a local board and he represents himself as a medical student then the local board will undertake to study this young man, how long he has been in school, what his qualifications are, and then to determine themselves what the young man would be most likely useful for in the Army. They will induct him into the service and assign him to certain work in the Army where they think he would serve to the best interest of the country.

If that were followed up by the local boards all over the country then it would result in taking out of the medical schools of the country a great many students who are studying for medicine.

General HERSHEY. Senator Murray, have we not confused what the local board does with what the reception center does? The local board does not try to put a man in the Army where he can best serve. They try to decide whether he should go at all. Those are the people who do that.

Senator MURRAY. That would go on all over the country?

General HERSHEY. In 6,500 places.

Senator MURRAY. In 6,500 places they would determine what the situation of the Nation is with reference to adequate medical service for the Army and the Nation?

General HERSHEY. That is right.

Senator MURRAY. And it would depend upon the proposition of each board looking into it exactly in the same precise way in every one of those districts because if they differed then you would have injustice and confusion.

You heard me read the editorial from the Washington Post the other morning in which the able editor undertook to point out the very confusion that exists throughout the country because of the varying attitudes of the local boards. He pointed out the fact that members of the local boards themselves have expressed the feeling that the matter should be handled by legislation as the only correct way of avoiding that situation.

You can appreciate the fact in all those communities those boards are subject to a certain amount of pressure in the communities.

General HERSHEY. Yes, sir.

Senator MURRAY. Because, if a young man comes in there who is a medical student in Harvard College, asking deferment, there may be a good deal of sentiment that such student ought to go into the Army the same as the fellow that lives across the railroad tracks, across town. You have that all over the country, whereas by a simply operation of this kind you could avoid all that chaos.

You said in your statement that the experiences of the last war showed you how unwise it would be to adopt a system such as this.

What information have you of the experience in the last war to justify that last statement?

General HERSHEY. I imagine you are referring to the medical situation where we went through something such as we are going through now. In other words, an attempt was made to establish an enlisted personnel reserve. It was the second year they passed the exemption of medical students and also our shipyard workers.

Senator MURRAY. But they waited until after the situation became so serious.

General HERSHEY. Yes, sir.

Senator MURRAY. That it had a very damaging effect upon the national defense, did it not?

General HERSHEY. There might be some controversy about how much it damaged the national defense, and I imagine it is subject to controversy whether the shipyard scandals were more damaging.

Senator MURRAY. I do not think you can bring the shipyard industry into the same situation as the national health.

General HERSHEY. You are a legislator, sir, and I am not, but I think you might agree with me in this that whenever one group gains a privilege in a bill it is a little easier for the next group to establish their right to be included. I may be wrong.

Senator MURRAY. There is where you are in error in assuming this group is seeking some advantage over the other groups. There is nothing of the kind. This group is not seeking any escape from the service of the country. All my bill purports to do is to protect the armed forces of the country and to protect the civilian population at the same time from the dangers that will undoubtedly result from the effect of these local boards disrupting the continued flow of medical men to the country.

General HERSHEY. Well, Senator Murray, it is susceptible of discussion whether or not the local board, who has children, who has people who go to hospitals, who is quite familiar with the part doctors play in this welfare of ours that they are not quite alive to what it means to remove an individual in the community they serve.

I have been in correspondence with Dean Rappleye of Columbia University, who is chairman of the National Defense Committee of the Medical Schools of America; Dean Burwell of Harvard; Dean Deal of Minnesota; and Dean Pepper of Pennsylvania.

I have a telegram from Dean Rappleye in which he states:

If you wish to do so please feel free to quote me as per my letter to Lieutenant Colonel Eanes dated March 17, copy sent to you. Believe that present selective service problem is entirely workable and is desirable procedure in dealing with medical students and interns. Number of internships available this year is about 1,700 in excess of number of medical graduates last year. Requirements of defense forces have exaggerated this situation. I am convinced that there is no necessity for the Murray bill.

Now, I read from his letter in which he says:

In reply to your letter today regarding the Murray bill, may I tell you that 20 percent of the internships of the United States are in New York City and 16 percent of the hospital residences of the country. About 8 percent of the medical graduates each year come from the medical schools of New York City.

The cooperation between the officers of the selective service system in the New York area with the medical schools and hospitals has been highly satis-

factory. We are fully convinced that the whole plan can be made to work and is working well in this city. We are very much satisfied in the manner in which the whole program is developing and can see no reason for modification of the existing Selective Training and Service Act, until at least every effort has been made to carry out its provisions. To our minds there is no reason for the provisions of the Murray bill which would set up a group deferment and otherwise provide for special considerations for medical students and interns.

Dean Rappleye signs himself as "chairman, Committee on Preparedness Association of American Medical Colleges; Commissioner of Hospitals, city of New York; chairman, Preparedness Committee, Greater New York Hospital Association; dean, Faculty of Medicine, Columbia University; president, National Advisory Council of Medical Education."

I conferred with Dean Rappleye and Dean Burwell about 2 weeks ago and they at that time prepared a letter pointing out the procedure to the deans of all medical colleges in order to make it possible to present to the local boards the information about those individual students, and then the deans of these medical colleges can report the students who drop out.

There are students who do drop out when it is determined they are not going to become efficient doctors, and I am quite aware of the statement made yesterday, and I have a great deal of sympathy, but nothing that would approach prejudice. I am very tolerant and I do not want to see a future in which we would become intolerant with any of our people and for that reason I am willing to approach the matter with an open mind.

Senator MURRAY. You are referring to three deans there. Are they deans of medical schools?

General HERSHEY. Yes; Dean Rappleye is chairman of the National Defense Committee of the Medical Schools of America and dean of the Medical School of Columbia University, New York.

Dean Burwell of Harvard, Dean Diehl of Minnesota, and Dean Pepper of Pennsylvania.

Senator MURRAY. We have received statements signed by other deans of medical schools supporting the bill. How do you account for that?

General HERSHEY. I do not know how many medical schools there are and I am wondering if we can probably be depicting the effect of any one case and not quite all and perhaps the deans on this committee do not represent the people they pretend to represent. I am not sure that many of the people who come here from associations necessarily always represent all of the people in their associations.

Senator MURRAY. They represent themselves, at least?

General HERSHEY. Right.

Senator MURRAY. And their representations and statements and arguments are worthy of consideration, of course?

General HERSHEY. Yes, sir.

Senator MURRAY. And should have the effect and force that the logic and merits of their arguments would justify?

General HERSHEY. By all means.

Senator MURRAY. So the deans of other medical schools should be given consideration too?

General HERSHEY. I agree with you wholly. Any dean in favor of it should be given just as much consideration as any other.

Senator MURRAY. The judgment of some other deans of medical schools of the country outside of these men you have referred to seem to concur in the view that the Selective Service Act as it is now operating will result in disruption of training of medical students in this country and will have a very disastrous effect not only upon the Army but upon the Nation as a whole.

General HERSHEY. Well, sir, that might be true, but that has not been my experience entirely with the deans.

Senator MURRAY. Your only hope of satisfactorily working out the problem is by a system of education of the local boards. Is that true?

General HERSHEY. That happens to be my only hope on everything we do. We have had too many experiences if we legislate things people will not do and do not propose to do and do not understand.

Senator MURRAY. Do you feel the people of this country would feel it would be an outrage by appropriate legislation to protect the training of medical men for the national health of this country?

General HERSHEY. I do not happen to be one of those that think congressional action is an outrage. My feeling would be, even if the individuals of the country did feel it was unfortunate—I know of course we are talking about interest. Anything you legislate is much easier when you say you must. We do not have to worry about that as an administrative problem.

Senator MURRAY. For some years we have been talking a great deal of this Nation of ours being a government of laws. Your idea is a government of men is much better than by law, and by having 6,500 local boards scattered all over the United States with men selected by the Governors of different States of the Union, that they would be better qualified to safeguard the national health and the national defense of this country than by having a law established here in Washington?

General HERSHEY. I would not go into a discussion on the political set-up of the country but I honestly believe—and I come from the country—that the hope for our future is in those localities and in what the common man believes. I do not say that he is going to disobey the law, not at all, but when I think he is under the necessity of obeying, even as a soldier I want my men to know why. I want them to obey certainly, but I want them to obey intelligently and I know when it comes down to the last analysis that the men I want with me are the men who cling to me as an individual because the man I have ordered may have the opportunity to shoot me when we get way out by ourselves.

Because I believe in an intelligent people I think we have to make our people understand in everything.

Senator MURRAY. I agree with you, we have to depend on the people of this country, and I believe in the final analysis we must have faith in the judgment of the people of the country, but still when you have these boards set up locally all over the country, they cannot possibly be familiar with the problems we are seeking to consider here, and you would have to depend entirely upon carrying on a system of education of those men in order to get them in line so as to carry out the thing the way you think it should be carried out.

General HERSHEY. Yes; that is true, and we have got to do that in the Army.

Senator MURRAY. And your reason for attempting it that way is that you do not want to permit any single blanket exemption in the country.

General HERSHEY. We have already got the ministry and divinity students. I am one of the people who say we ought not to have this. I believe it is a step in the wrong direction. I certainly believe so. If the law remains as it is, it is certainly our job to do everything we can to make it work.

Senator MURRAY. You heard the testimony given yesterday by Dr. Fishbein and other witnesses?

General HERSHEY. Yes, sir.

Senator MURRAY. With reference to hospitals and interns?

General HERSHEY. Yes, sir.

Senator MURRAY. Those men were all highly informed on this problem, and certainly were sincere and honest in their efforts to meet the conditions.

General HERSHEY. There is no insincerity. Dr. Fishbein has done too many things for us.

Senator MURRAY. On the other hand, you appreciate the fact we have made no attempt to reflect upon the selective service system, or the men that compose it. We believe they are men of the highest integrity and honesty, and that is the very thing that makes it difficult to operate because the men of the local boards are extremely anxious to be free of local criticism and not do a single thing that is wrong, and for that reason they find it extremely difficult to make these determinations and provide these exemptions, and the result is we have this confused condition that we are trying to remedy by this bill.

General HERSHEY. There is no question in my mind of the honesty of our local boards. I think they have done a magnificent job. I think one of the most reassuring things in America is you can find 150,000 people who work without anything in return; if we are going into an emergency, a great many are going to have to act, and unfortunately we are going to have to act even though we will be criticized.

I regret it, but I still depend more on the great common sense of the great masses of our people than to try to settle it by legislation. I agree with personalized administration.

Senator MURRAY. I will agree with you, we should not try to settle the whole question, but when you have a vital problem of this kind that so seriously affects the armed forces, as well as the health of the Nation, it seems to be it should be remedied in the democratic way.

General HERSHEY. Yes, sir.

Senator MURRAY. It is not fair to allow it to be passed upon by the local boards here and there, but it ought to be fixed definitely, and certainly by legislative action, and that is all that we are asking, not trying to escape our duty to our country, but merely want to have it fixed in such a way that the country will get the full advantages of the services of these men.

Senator SCHWARTZ. General, would you be in favor of the general principles of this bill if you did not think it would set a precedent for other groups as groups you induct to get exemption?

General HERSHEY. I think the medical profession——

Senator SCHWARTZ (interposing). No; I just asked the question whether you would be in favor of the general principles of the bill if it did not set a precedent.

General HERSHEY. If I answer "yes" or "no," one is about as good as the other. One presupposes no one else is coming in, if I say "yes." That I doubt, because I do have the greatest smount of sympathy with the pressing problem. The same is true as to chemists; toolmakers are another.

Senator SCHWARTZ. It just seems to me, General, that this particular bill applying to medical students and doctors and others to come would have first place if there are to be any exceptions. I think the bill is all right to that extent. If I am right about that, I do not care about any future pressure groups.

General HERSHEY. I think you will have to include three or four other groups on a par with medical. You have two, doctors and dentists. You have several that are here asking to be included, and there are a great many groups that I think of in the country, the machine-tool industry, which perhaps does not take as long, but you have something approaching a serious situation there, and in two or three other groups that have some very sound bases for their claims. Certainly our health is most important, but we are not sure that we have made any more doctors. The only thing we have done is to try to assure each one will be used to the maximum in doing what he is best fitted to do, and that is the fundamental basis of selective service.

Senator SCHWARTZ. It is my idea from the testimony that the number to be dealt with is relatively small compared to some of the other groups, and not only small in number, but of extreme importance. If we have boys in the Army, we want enough to take care of them. If we have to come to that unhappy time when some say we may have to back our stand with arms, we want enough men to take care of the injured and wounded.

General HERSHEY. Yes, sir.

Senator SCHWARTZ. So it seems to me so far as indicated on account of what your pressure group would do, that is not very important.

General HERSHEY. That is right; but if this boy does not have anything to shoot, the powder industry is tied up. I think undoubtedly the junior in chemistry will be pretty near stripped from the colleges. You do not have a powder industry in times of peace.

Senator SCHWARTZ. If we hesitate until we excite the other groups, we will never get anywhere. We will just be talking, and talking, and talking.

General HERSHEY. Yes; but I do not think it is fair to say we are not doing anything about this, because at the present time six doctors are all that have been drafted.

Senator SCHWARTZ. Of a total of how many?

General HERSHEY. About 250,000.

Senator SCHWARTZ. You said you had traced 20,000.

General HERSHEY. I had the Surgeon General's office; I have the report.

Senator JOHNSON of Colorado. But you have not said anything about the medical students that have been drafted.

General HERSHEY. I do not believe there have been any drafted.

Senator JOHNSON of Colorado. You said they were deferred in class D-1.

Senator SCHWARTZ. In July.

General HERSHEY. Yes.

Senator SCHWARTZ. And the possibilities are they are thinking about it now.

General HERSHEY. Yes; and we are doing more than thinking about it. Of course we are all merely trying to administer it. I am merely presenting the evidence.

Senator MURRAY. General Hershey, you spoke about the deans of several medical schools that told you that they were satisfied with the work.

General HERSHEY. Yes.

Senator MURRAY. I have here a statement made by the American Association of Dental Schools, signed by the deans of the dental schools all over the United States, supporting this bill. Did you come in contact with any deans of dental schools, with the exception of the three you have named?

General HERSHEY. Dr. Camelier, who testified yesterday, is on our advisory committee.

Senator MURRAY. Yes.

General HERSHEY. He has the work of getting some 7 or 8 or 10 thousand dentists to sit on the local boards. I heard his evidence yesterday, and there is probably one reason why their situation is more pressing than the doctors' and that is because of the fact that at the present time the facilities do not exist to make use of them if they do happen to be drafted; and unfortunately, our physical examinations show that either because of the use of money for other purposes to which dentistry has been subordinated, the biggest cause of rejection is teeth.

Senator JOHNSON of Colorado. Perhaps why they did not need very many dentists in the Army is because you rejected them.

General HERSHEY. All we demand is 3 of the biting teeth that mesh with 3 of other teeth. If you only require 12 teeth——

Senator JOHNSON of Colorado. I notice the report states most of the causes of physical rejection are on account of bad teeth.

General HERSHEY. It is the largest single cause. It is too large. We may have to go to the place where we take them and fix their teeth.

Senator SCHWARTZ. The 12 teeth have to meet?

General HERSHEY. Six, because man has been created with a jaw that swings laterally as well as vertically; why would you not let it count——

Senator REYNOLDS. General, I will take the position, and I do not know whether I am correct or not, that the health of the people at home, those who are behind the actual fighting line, is just as necessary to the success of the expeditionary force as the man actually employed in that force.

General HERSHEY. No doubt about that.

Senator REYNOLDS. That is correct, is it not?

General HERSHEY. Yes.

Senator REYNOLDS. The thing I was questioning was this—let us make this broad assumption: I might preface this by stating my recollection that yesterday one of the witnesses testified that there was actually a dearth of private physicians in the United States. He stated the fact that many communities were not provided with medical attention by practitioners.

Let us assume that we should take all of the medical students out of all the colleges in the United States today, and induct them into the Army, and let us assume that we should become engaged in a controversy that would last for a period or duration of 5 years, and during that period of duration for 5 years, many physicians who had been inducted into the Army would die at the front, perhaps from wounds, or perhaps from natural causes.

Now, during that period we would not have in the course of development any medical students. Now, what would we do for a period of 5 years, when we would not have any doctors or physicians in this country for the people at home, much less to be sent to the front, would we?

General HERSHEY. There is no doubt about that. Unfortunately, I hope that is not the issue under this bill.

Senator REYNOLDS. The question under this bill is whether or not we are going to let the young men in college finish their medical course.

General HERSHEY. The question is whether you are going to aid them administratively or legislatively?

Senator REYNOLDS. That is the whole question. You think it can best be done administratively.

General HERSHEY. Yes.

Senator REYNOLDS. One general point, getting back to the point of service we discussed a moment ago. There is a gentleman in the audience who has made an observation.

He says:

I learned a few days ago of a dentist practicing several years who was drafted as a buck private because selective service has no classification for such professional men. The local papers carried pictures last week of a lawyer at some nearby camp who was shoveling coal. I have heard much criticism of this in view of announcements by the Selective Service Board that every effort would be made to find the proper place for each man.

General HERSHEY. The question of the dentist we have discussed at some length. The particular lawyer, I saw his picture. He was at the reception center. What his ultimate classification is I do not know, but I imagine if he even becomes an officer, as he very likely may, provided after 6 months' service he is sent to a service school, I suppose he will learn something of the military profession and even the deans of the law colleges only ask that the individual pursuing law courses finish them because they state that they could not sustain a claim that there was at the present time or even on the horizon a shortage of lawyers.

Senator JOHNSON of Colorado. I do not see any objection to a lawyer shoveling coal. He will have to learn that some time.

Senator REYNOLDS. General, there will be more opportunity for commissions for dentists and doctors than there would lawyers?

General HERSHEY. Yes, sir.

Senator REYNOLDS. Because there is just one branch of the service that can use members of the bar. Is that not true?

General HERSHEY. That is true. Any time we expand any of our forces, the capacity and qualifications and knowledge that most lawyers have make them ideal to contest for the normal executive positions and they do. I have been unable to find many outfits, regardless of what they were, that did not have a very liberal collection of lawyers at its disposal.

Senator REYNOLDS. The members of the committee desire to know just what is your definition for buck private.

General HERSHEY. I do not know that I can define that very well. When I was a private I was an individual who had just gotten into the service, and attempting to learn everything from the bottom up, and I occupied that position in the National Guard of Indiana. I do not know that I was a buck private, but I was a private with some other adjectives, not even a first-class private.

Senator JOHNSON of Colorado. If I may go back to my question of some little while ago, I will state I am open-minded on this bill. If I can be convinced under a general amendment, or under the present law, that relief should be given such as asked for by the Murray amendment, I would be entirely satisfied, but I am not satisfied with your answers. You state you do have regulations, but there are too many "mays" to suit me, and I am afraid you cannot grant the relief asked for. I think the relief is so important there would be no question about it if the power is there to grant it. I do not like specific legislation either. I like general legislation, and if the so-called Murray amendment is now what you would like to have, is there some amendment, if any amendment at all is needed of a general nature, that could be enacted so this relief could be given not only to the medical students but to the chemical engineers, and I am quite impressed with the argument on behalf of the chemical engineers and chemists, and the fact they should also have relief is no reason why we should deny such relief to our medical students.

It is not for the benefit of the student himself over the chemist or chemical engineer.

General HERSHEY. That is right.

Senator JOHNSON of Colorado. But for the benefit of all the people.

General HERSHEY. That is right.

Senator JOHNSON of Colorado. For the national defense and behind the national defense, the welfare of the Nation is involved, and we can enact a general law that will take care of the matter. I would very much favor enacting a general law or a specific amendment, or if you think our present act is adequate and does the job and can do the job, I would be very much in favor of no amendment at the present time. That is my position and that is what I am here to try to find out.

Senator REYNOLDS. In pursuance to what Senator Johnson has so well stated, is it, or is it not true, that you at the present time have all the authority that this amendment would provide you with?

General HERSHEY. Let us say this: Let us take 100 medical students. I am not slighting the others. If you pass a law these 100 medical students are deferred because they are medical students; we only have to make one deferment.

Senator REYNOLDS. You have the right to do that.

General HERSHEY. No, sir; not to these hundred.

Senator REYNOLDS. You have the right to defer anybody you want to?

General HERSHEY. No; the Congress gave to the local boards the power, subject to appeal.

Senator REYNOLDS. Yes; but they can appeal.

General HERSHEY. Yes; that is right.

Senator REYNOLDS. And when the appeal comes up you have the right to reverse it.

General HERSHEY. If the case is worthy.

Senator REYNOLDS. That is what I say.

General HERSHEY. And unfortunately out of these 100 cases, I think the system is working now, and I am perfectly willing to be challenged on it. I think it will defer at least 85 to 90 percent of these people. I think there are others that ought to be deferred that will not be deferred.

I think there is some percentage, perhaps 5 or less, if they came up here we could not honestly defer them.

Senator JOHNSON of Colorado. You did not give us much about the D-1 classification.

General HERSHEY. Yes, sir.

Senator JOHNSON of Colorado. You do not give us much assurance about medical students.

General HERSHEY. What I tried to picture, and I feel rather badly because apparently I have failed in trying to get what is in my mind into your mind, but we will not quarrel about what the failure was——

Senator JOHNSON of Colorado. We will not quarrel about that.

General HERSHEY. I think the average local board, suppose we say we have to have 20 men. We pick all of the college students. What is the natural thing to do? That will last for 6 months. Let us settle that when we get to it. That is just what we have done. As you can see by this approach, which apparently we are assuming, I do not blame you, knowing the decision is going to be made in May or the early part of June and now is the time we have to stop work and get the information and wake these people up. Remember here is a student, whether he is majoring, as my child is, in English, or whether he is studying engineering or chemistry, here is what we are doing. We are trying to put out information showing the studies and the sort of material that Dr. Fishbein put in, to try to get to the local boards.

I think one of our maritime industries put out about three pages trying to point out oilers are necessary, but the local board is no better than their information. After all, these are controversial questions, and there is a little more involved than what Senator Schwartz brought up. Nothing is absolute in the world, but I am convinced that in the ultimate the mistakes of 2 or 3 percent will not be as costly as an attempt from Washington to regulate it. We would have to lay down many regulations. I have said many times I would rather have stupidity in the local boards than at National Headquarters, and perhaps you believe you have it in both places.

Senator JOHNSON of Colorado. If Congress steps in now and exempts the medical students, will it cause the local boards to say Congress did this and it did not do anything for the chemical engineering students, and they will have to go?

General HERSHEY. I feel our people will try to play the game.

Senator JOHNSON of Colorado. You do not think the fact we pass special legislation would have any effect on the boards?

General HERSHEY. It will to this extent, when all these groups come in, immediately thereafter, that were not in or left out, I think the local board may think Congress has the right to do something

for those people, and they decided not to, therefore they must have felt that these individuals do not have a case.

Senator JOHNSON of Colorado. That is what I am worried about.

General HERSHEY. When I was a battery commander I would never go down to show the boys how to drive the four. I would feel I was ruining the makings of a good sergeant because the boys would say, "If the old man is going to handle my driving, let him do it."

I think the local board is a little like that. All we have to determine is, is he a doctor or medical man.

Senator MURRAY. The very thing that you are stating now is what affects the local boards when they come to consider these cases of medical students and interns, they take the position, those not having been actually exempted by the selective service requirements, that, therefore, they have no power or right to defer them, and in these instructions you send out you mentioned a while ago, you make no reference in those institutions to doctors, dentists, or medical students.

General HERSHEY. I will be glad to tell you in the original draft, that we had 13 different types, and when it was adopted in our Council, they said, "Why did you put it in alphabetically?"

There is a great dispute about whether you should put doctors, dentists, and so forth. We put them in alphabetically. We put them in alphabetically and you put this class and this and the next.

Now, we have tried to meet that by taking a publication, if we can get them from the Governmental Departments, and we hesitate to publish things unless we can say the Surgeon General or the Civil Aeronautics Board puts out the following, and this is the best information we can give. If we get anything better we will send it. That is the thing to follow on the general things. We have put out one exposition on seamen, because we are not a seafaring people.

Senator MURRAY. Do you think the situation with reference to hospitals, interns and doctors should be on the same plane as other occupations?

General HERSHEY. No; if we send out the evidence presented here in the last few days, if that will not convince the people in Angola, Ind., they should not take a doctor practicing in that town, I do not know what will, for who better than I, if I am on these local boards, will consider that I may need the doctor for my little boy. I believe the doctors are in much better shape to sell the local board.

Senator REYNOLDS. What about students?

General HERSHEY. Students are a little more difficult than doctors, necessarily, because the average man perhaps cannot see two or three years ahead as well as he can at the present time. That is evidenced by the fact that you passed the bill last fall after school started, and I think that is one of the impelling reasons you have put the students in the position where the local board must reconsider his case.

Senator REYNOLDS. General, how long would it take to finish your testimony?

General HERSHEY. I am through.

Senator JOHNSON of Colorado. I have one more question.

Senator REYNOLDS. Certainly. I was trying to ascertain about our future meetings.

Senator JOHNSON of Colorado. I am very much interested on this point, to find out the general opinion, and this will have to be a double-barreled question.

It seems to me there are three ways we can go. We can either leave the law alone, as it is, and say that it is adequate.

No. 2, we can pass some sort of general statute that would direct the local board to give more attention to the necessity for selection, or, third, we could go to the extreme and pass the Murray bill.

I wish to know which of the three is preferable?

General HERSHEY. I would have to stick to the first, because your second law, as I understand it, I do not believe would do anything except emphasize your people are supposed to do your duty, and your third law is entirely another matter, if you want to do that. I do not agree with it.

Senator JOHNSON of Colorado. Let us go on with the second proposition a moment. Then your position must necessarily be all the power necessary is now in the law, and nothing more is needed?

General HERSHEY. I will not admit I will say this on October 1, next, but as of today, and from the information I have, there is nothing irrevocably done with those students and the Army is very good to us. When they see we have made a mistake they will discharge him.

Senator JOHNSON of Colorado. Next October will be too late.

General HERSHEY. There was a man inducted in February and discharged in March.

Senator JOHNSON of Colorado. What will that do to the schools?

General HERSHEY. He was only gone 3 weeks. We do not have the registrants educated on the fact they have the right to appeal. We do not want any stigma attached to any appeal, and this thing of being patriotic by not appealing is not sound. We must learn what we are trying to is always place a man that is in. The men ought to use this agency. They did not appeal in some cases.

Senator MURRAY. General, that very uncertainty with reference to this situation with the medical students has induced a great many medical students to enlist?

General HERSHEY. Yes, sir.

Senator MURRAY. In order to get in before they are drafted?

General HERSHEY. Yes, sir.

Senator MURRAY. I would like to ask you if you think the local boards are in accord with your views?

General HERSHEY. Oh, no. In fact, we have done our best if we get 85 to 90 percent of human beings to agree, but if people will help us and appeal when necessary, and not only that, if there are people in the service now that should not be in the service, if they will let me know those people by name, that is one difficulty, we reinvestigate these cases. If the man has not had his rights we will reopen the case.

Senator MURRAY. Have you talked this matter over with Mr. Dykstra?

General HERSHEY. Repeatedly.

Senator MURRAY. Is he in full accord?

General HERSHEY. I represent his views, too, yes, sir; and he has a medical school at his own university.

Senator MURRAY. He is not going to appear here?

General HERSHEY. That is right.

Senator MURRAY. I would like to have him appear here, if we could induce him to come. Again, it seems to me it would be valuable to have his testimony before the committee.

General HERSHEY. All right, sir.

Senator MURRAY. Well, I certainly want you to understand we do not question in any manner your ability, your qualifications, or your honesty and integrity in trying to administer this Selective Service Act, but we do feel because of this uncertainty pertaining to medical students and to the medical and dental professions that it is most essential it should be remedied by some legislative action.

Senator REYNOLDS. Well, gentlemen, we will take a recess until tomorrow at 10 o'clock and we hope to be able to finish by 1 o'clock tomorrow.

(Thereupon, at 1:15 p. m., the committee recessed until 10 a. m. the following morning, Thursday, March 20, 1941.)

DOCTORS AND MEDICAL STUDENTS UNDER THE SELECTIVE SERVICE

THURSDAY, MARCH 20, 1941

UNITED STATES SENATE,
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The committee met, pursuant to adjournment, at 10:05 a. m., in room 318, Senate Office Building, Hon. Robert R. Reynolds (acting chairman), presiding.

Present: Senators Reynolds (acting chairman), Thomas of Utah, and Truman.

Present also: Senator James E. Murray.

Senator REYNOLDS. We had just as well begin, I think.

The meeting will now come to order, please, and if Major Swift is in the room he will come around and testify.

Major SWIFT. I am Maj. Ira P. Swift, War Department General Staff. These gentlemen with me, from the Office of the Surgeon General, Gen. Leigh C. Fairbank, Chief of the Dental Division; Col. Raymond A. Kelser, Chief of the Veterinary Division; and Col. George F. Lull, Chief of the Personnel Division.

Senator REYNOLDS. We are glad to have you with us, gentlemen.

Before he begins his statement, Mr. Reporter, will you be good enough to incorporate at this time in the records letter directed to Senator Morris Sheppard, chairman of the committee, under date of January 25, 1941, in reference to this matter; also a copy of a letter from the War Department to Senator Sheppard under date of December 16, 1940, and letter of March 14, 1941.

(Following are the communications referred to:)

WAR DEPARTMENT,
Washington, January 25, 1941.

HON. MORRIS SHEPPARD,
*Chairman, Committee on Military Affairs,
United States Senate.*

DEAR SENATOR SHEPPARD: S. 197, upon which you requested the views of the War Department, is identical with S. 4396 which was introduced in the Senate on October 3, 1940.

A copy of the report submitted by the War Department on S. 4396 is attached hereto. For the reasons stated in the previous report the War Department is opposed to enactment of S. 197.

Sincerely yours,

HENRY L. STIMSON,
Secretary of War.

WAR DEPARTMENT,
Washington, December 16, 1940.

Hon. MORRIS SHEPPARD,

Chairman, Committee on Military Affairs, United States Senate.

DEAR SENATOR SHEPPARD: Section 1 of the bill S. 4396 provides that any doctor of medicine or dental surgery who has been awarded a degree by a recognized medical or dental school is licensed to practice and is engaged in such practice, and who is selected for training and service under the Selective Training and Service Act, shall, in lieu of induction, be commissioned in the Medical Department Reserve, Officers' Reserve Corps and ordered to active duty.

Section 2 exempts from training and service medical and dental students at recognized medical and dental schools, and interns and resident physicians, surgeons, and dentists at recognized hospitals. It further provides that such personnel who are members of a reserve component of the land or naval forces shall not be ordered to active duty without their consent except in time of war.

In the organization and maintenance of a balanced military force it is essential that commissioned personnel in the Medical Department, as well as in other arms and services, be procured on the basis of requirements. The Officers' Reserve Corps is maintained for the purpose of providing a reserve of officers who will be available for military service when needed. Doctors and dentists who are eligible for military service under the Selective Training and Service Act may apply for commissions in the Reserve Corps and as many as are needed will be commissioned from those who are qualified. A law which would require that every doctor or dentist be commissioned if and when he is about to be inducted, regardless of the number of such officers that are required or that may be obtained by this procedure, would be prejudicial to the interest of the Government and would discriminate against the members of other professions. Lawyers, engineers, aviators, veterinarians, and others might with equal justice request that they too be permitted to serve in a commissioned status only on the condition that they would otherwise be inducted under the Selective Training and Service Act.

Section 5 of the Selective Training and Service Act authorizes deferment of those whose employment or activity is necessary to the maintenance of the national health safety or interest and limited deferment of certain students. This apparently provides for medical students and those internes, resident physicians, surgeons, and dentists who should not be taken from their civil activities for military service.

There may be certain individuals who are members of a Reserve component of the land forces and whose services as civilians are of sufficient value to the national interest to justify their deferment from military service in time of peace. Each case of this kind can and should be considered on its own merits. The mandatory exemption of all medical or dental students, internes, resident physicians, surgeons, or dentists who are members of a Reserve component from military service in time of peace, except with their consent, would defeat the purpose of the Officers' Reserve Corps, discriminate against other Reserve personnel, and perhaps exempt many for no good reason.

In the opinion of the War Department this legislation is unnecessary to accomplish certain justifiable provisions which are included in the bill, and its enactment would handicap the proper administration of the Selective Training and Service Act.

The War Department recommends that S. 4396 be not favorably considered.

The additional cost of the measure cannot be estimated with any accuracy.

The Bureau of the Budget advises that there is no objection to the submission of this report.

Sincerely yours,

HENRY L. STIMSON,
Secretary of War.

WAR DEPARTMENT,
Washington, March 14, 1941.

Hon. MORRIS SHEPPARD,

*Chairman, Committee on Military Affairs,
United States Senate.*

DEAR SENATOR SHEPPARD: The War Department is opposed to the enactment of S. 783, Seventy-seventh Congress, a bill which would amend the Selective Training and Service Act of 1940. The several sections of the bill include provisions substantially as follows:

Section 1: That certain graduates of medical schools and schools of dentistry whose fitness for military training and service has been satisfactorily determined, shall, in lieu of induction into the land or naval forces of the United States, be commissioned in the Medical Department Reserve, Officers' Reserve Corps, and ordered into active military service.

Section 2: That certain medical students, hospital interns, resident physicians, and dentists and teachers at medical and dental schools shall be exempt from training and service and that any such individuals who are members of reserve components shall not be ordered to active duty in the land or naval forces, except in time of war.

Section 3: That any person included under the provisions of section 1 who has been inducted shall be discharged, commissioned, and ordered to active duty as provided therein; that any person who has been inducted or ordered to active duty and who would have been exempt under the provisions of section 2, shall, upon his own request, be discharged or relieved and shall receive certain travel allowances; that any person discharged or relieved from active duty under the provisions of this section shall be entitled to the benefits of section 8, Selective Training and Service Act of 1940, and subsections (a) to (d), inclusive, of section 3 of Public Resolution No. 96, Seventy-sixth Congress.

Referring to sections 1 and 3 of the bill, and particularly to those provisions purporting to require in mandatory terms that persons falling within the described categories shall be commissioned in the Officers' Reserve Corps, it is manifest that these provisions would operate in effect to make the Congress itself the appointing authority for such appointments, in manifest violation of pertinent provisions of the Constitution.

In the organization and maintenance of a balanced military force it is essential that commissioned personnel in the Medical Department, as well as in other arms and services, be procured on the basis of requirements. The Officers' Reserve Corps is maintained for the purpose of providing reserve of officers who will be available for military service when needed. A law which would exempt certain reserve medical officers from active duty except in time of war and require that every doctor or dentist be commissioned if and when he is about to be inducted, regardless of requirements or the number that might be obtained under such procedure, would be prejudicial to the interest of the Government and would discriminate against the members of other professions who might with equal justice request that they too be commissioned or exempted only on the condition that they would otherwise be inducted or ordered to active duty.

The Selective Training and Service Act authorizes deferment of those whose employment or activity is necessary to the maintenance of the national health, safety, or interest, and limited deferment of certain students.

There may be certain Reserve officers whose services as civilians are of sufficient value to the national interest to justify their deferment from military service in time of peace. Such cases can and should be considered individually upon their respective merits. Mandatory exemption of Reserve officers who are medical or dental students, interns, resident physicians, or dentists, or medical or dental school teachers would partially defeat the purpose of the Officers' Reserve Corps, discriminate against other Reserve personnel and perhaps exempt many for no good reason.

The present selective service law was adopted after long and exhaustive study by the Congress. Sufficient experience has not yet been obtained through its operation to justify major changes in the law, and the War Department recommends that S. 783 be not favorably considered.

The War Department is unable to determine the probable cost of this legislation.

The Bureau of the Budget advises that there is no objection to the submission of this report.

Sincerely yours,

HENRY L. STIMSON,
Secretary of War.

Senator REYNOLDS. Major Swift, we will be glad to hear you.

STATEMENT OF MAJ. IRA P. SWIFT, WAR DEPARTMENT, GENERAL STAFF

Major SWIFT. Mr. Chairman, I am not a doctor, I am not familiar with the medical situation, nor the medical requirements of the civilian

population of the United States. However, from the viewpoint of the War Department there seem to be two factors that have been somewhat obscured in the mass of testimony which has been presented here in the last 2 days.

First, the compulsory military service, to which so much objection has been offered, by various groups, is for a period of 12 months. This is not a lifetime job, neither does it destroy any man's right to follow his chosen career.

Second, the Army requires a certain number of doctors and dentists. It does not need and does not want more than that number.

Section 1 of this bill provides, in substance, that certain individuals shall be commissioned in the Officers' Reserve Corps. It appears that this mandatory provision might operate to make the Congress itself the appointing authority, and thus infringe upon the constitutional powers of the President. However, the members of this committee are far more competent to criticize that point than am I.

Officers of the Medical Department should be procured on the basis of Army requirements to the same extent as all other officers. A law which would require that every doctor or dentist be commissioned if and when he is about to be inducted in the military service would discriminate against the members of other professions. Every lawyer, engineer, chemist, or veterinarian might justly expect to be commissioned in the Judge Advocate General's Department, Corps of Engineers, Chemical Warfare Service, or Veterinary Corps, respectively, only on the condition that he would otherwise be inducted.

This bill prescribes the qualifications for a commission in the Medical Corps. Under its provisions, certain physicians who are now ineligible to practice medicine in 47 out of the 48 States must be commissioned. The standards, as defined in the bill, are in some respects below those of the Army and the American Medical Association.

Section 2 exempts from military training and service certain medical students, internes, resident physicians, and teachers at medical and dental schools. It also provides that such persons who are members of the reserve components shall not be ordered to active duty except in time of war.

Medical students are now in the same status with respect to deferment as all other college students. The advisability of deferring any or all students is a matter for the Congress to decide, not for the War Department. If exemption is authorized for one group, others will undoubtedly request similar privileges, and the man who would like but cannot afford a college education will feel the discrimination.

Interns, resident physicians and teachers at medical and dental schools no doubt include some individuals, perhaps many individuals, whose civil employment or activity is necessary to the maintenance of the national health, safety, or interest. If and when cases of this nature arise, local boards have the authority and may reasonably be expected to provide necessary deferment.

The last sentence of this section, which prohibits the employment on active duty except in time of war of any intern, resident physician, or medical school teacher who is a member of a reserve component would authorize a method whereby almost any resident graduate in medicine could, if he so desired, evade military service indefinitely

in time of peace. Upon graduation he must be commissioned, in lieu of induction.

Section 2 of the bill provides that as a member of the Officers' Reserve Corps he could not be ordered to active duty as long as he was an intern, resident physician, or teacher.

Section 3 includes a provision that any person who has been inducted and who comes under section 1 of this bill shall be discharged and commissioned. Here, as in section 1, there is for consideration the effect of compulsory appointments insofar as they might affect executive powers. The authorized strength of the medical and dental corps reserve of the Officers' Reserve Corps is based upon estimated requirements for an Army of approximately 1,400,000 men. The situation with respect to medical and dental officers of the Officers' Reserve Corps is indicated by this table, copy of which I request be inserted in the record at this point:

Medical Department Reserve

Section	Authorized strength	Actual strength	Short	Estimated requirements		
				Fiscal year 1941	Fiscal year 1942	Fiscal year 1943
Medical Corps.....	20,870	14,419	6,451	7,597	8,001	8,001
Dental Corps.....	4,855	4,855	-----	1,807	1,851	1,851

Adequacy of available officers (O. R. C.)

	1941		1942		1943		1944	
	a	b	c ¹	d	e ¹	f	g ¹	h
	Available	Required	Available (a-b +b÷2)	Required	Available (c-d +d÷2)	Required	Available (e-f +f÷2)	Required
Medical Corps.....	16,969	7,597	12,897	8,001	8,896	8,001	4,896	8,001
Dental Corps.....	3,884	1,807	2,980	1,851	2,054	1,851	1,128	1,851

¹ It is assumed that 50 percent of those on active duty at end of each year will remain on active duty for an additional year.

Major SWIFT (continuing). The authorized strength of the Medical Corps is now 20,870. We actually have in the Medical Corps 14,419. The Dental Corps has an authorized strength of approximately 4,800, and we have them.

The Army will require—this is an estimated requirement—for each year approximately 7,500 to 8,000 doctors and about 1,800 dentists.

Now, as to the adequacy of the officers that are available, in 1941 there will be available in the Reserve corps approximately 13,000 doctors. We need 8,000 on active duty. In 1941, about 9,000 will be available, and we need 8,000. In the Dental Corps we have an ample supply of dentists for what we estimate will be the requirements.

In fixing the authorized strength of each of these sections, allowance was made for a maximum loss of 20 percent from all causes. Thus 80 percent of the authorized strength gives the number that are actually available.

The Medical Corps Reserve of the Officers' Reserve Corps now being about 6,000 short of its authorized strength, qualified applicants are being commissioned in the Medical Corps Reserve. That is, doctors. It appears probable that for the next several years any qualified candidate can obtain a commission in the Medical Corps Reserve if he so desires, and that none need be employed as enlisted men under the Selective Training and Service Act.

Considerable emphasis has been placed by several witnesses recently upon the fact, and it is a fact, that some doctors and dentists have been inducted as enlisted men. The only way the War Department can accurately determine the number of such inductees would be a thorough check of some 200,000 or 250,000 registration cards. The best information I can give you from a machine check of some 20,000 cards is that we have inducted 5 doctors and 3 dentists as enlisted men. At least they gave "doctor" or "dentist" as their civilian occupation.

One doctor has been commissioned since induction, the others can and will be if they are qualified and desire commissions.

Instructions issued by the War Department prescribe that no doctor, dentist or medical technician will be assigned to any organization other than one of the Medical Departments. That point was brought out by several members of the committee from time to time.

Senator REYNOLDS. In that connection there, if they are not provided with commissions then you do assign them to medical divisions?

Major SWIFT. We do.

Senator REYNOLDS. What about lawyers?

Major SWIFT. They are assigned, as far as possible, in conformity with their classification. They, if they have had legal training, are assigned to the Judge Advocate General's Department if a vacancy is available, or to the next place where their qualifications can best be utilized in some legal capacity.

If there is no vacancy in the Corps Area in which a medical or dental person is received, that fact is wired to the War Department and the individual is assigned to a medical unit elsewhere. Every inductee is interviewed and classified by trained personnel at the reception center.

Now, it is possible that errors in any system may develop. The probability that a man with medical training will be assigned to anything other than a medical unit is just as slight as we know how to make it.

Senator MURRAY. May I ask there, in the last war that was not true?

Major SWIFT. That was not true.

Senator MURRAY. In that war in a great many instances they had dentists and doctors serving as mere privates?

Major SWIFT. The present classification system was initiated as a result of a study of errors made in the last war. It will be corrected as we discover future errors.

Senator TRUMAN. Isn't it true that a doctor or dentist or lawyer who works in the service in the ranks a while makes a better soldier in his department anyway?

Major SWIFT. I personally think there is no doubt about it, if he is not kept in the ranks too long.

So far as the War Department knows, the instructions that have been issued regarding this matter are being complied with. The actual strength of the Dental Corps Reserve now equals the authorized strength, 4,855. Since the probable requirements for dentists will be less than the number available for the next several years, and additional dentists are available and can be procured, no applicants are being commissioned in the dental section now. As long as a sufficient number of dental officers are available, the War Department cannot justify commissioning additional personnel in this category by the sole fact that some such persons might otherwise be inducted and required to serve as enlisted men.

It is obvious that civilian communities should not be deprived of needed dental treatment in order that dentists may serve in the ranks of the Army. Neither should the Army build up a larger corps of dental officers than they have any need for.

Ample authority now exists by which any doctor or dentist may be commissioned in the Reserve Corps. All of the provisions of section 1 of this bill can thus be accomplished through administrative action, and the War Department can see no necessity for its being deprived of the privilege of prescribing the qualifications for such a commission, or being forced to endorse a lower standard than is acceptable to the American Medical Association.

Senator THOMAS of Utah. Can it be accomplished better by administrative action?

Major SWIFT. Yes, sir. Doctors are not being wasted on the other types of duty, and to assume because a few dentists are now serving as enlisted men in the medical department that the health of our civilian population is being unnecessarily jeopardized is apparently unwarranted.

The War Department is wholly in favor of the exemption or deferment of any person whose civil activity is of more value to the country than the services of that person would be in a military capacity.

Senator MURRAY. Haven't you already taken in a number of interns from hospitals that have not been assigned as medical officers?

Major SWIFT. Not that I know of; no, sir. If that is a fact, the War Department doesn't know it—yes, sir, I beg your pardon. You say "have not been commissioned." That may be true.

Senator MURRAY. Then you would take an intern out of a hospital where he is absolutely needed and assign him to some work aside from medical work?

Major SWIFT. No, sir; that statement I believe is not correct.

Senator MURRAY. That has occurred already in a number of cases.

Major SWIFT. In the first place the War Department doesn't determine whether that man's services are needed in the hospital. The local board does that.

Senator MURRAY. I should think that they would accept the hospital's statement on that, that if a hospital, for instance, has several interns that they feel are necessary for the conduct of that hospital, they ought to be permitted to retain the services of those men.

Major SWIFT. As I understand it, you are speaking of inducted personnel?

Senator MURRAY. Yes.

Major SWIFT. May I refer that question to Colonel Lull, of the Personnel Division?

Col. G. F. LULL. Senator, there is now a provision, an administrative provision, that any intern in a hospital, or any man who has been out of the medical school less than a year, if he is qualified, may be given a reserve commission in the Medical Reserve, and may be and will be retained as an intern until he has completed at least 1 year's internship. The Adjutant General has issued instructions that no Reserve officer will be called from an internship.

Senator MURRAY. But after he has served the year, then he will be subject—

Colonel LULL. Then he is subject to call as an officer.

Senator MURRAY. So that even though his studies would require several more years in an internship, he would be taken nevertheless?

Colonel LULL. Yes, sir. That question was discussed with the American Medical Association and with the heads of certain medical schools, and they all felt that after the man had completed an internship, 1 year's active duty would not interfere with the follow-up of any specialty that he desired to follow.

Senator MURRAY. I have a telegram here this morning from the Jewish Hospital of Brooklyn, which states:

One intern must report as pharmacist's mate in Navy in 4 days. Two other interns and two residents called today for immediate duty in Medical Reserve, thereby removing half of the surgical resident staff.

Colonel LULL. If the residents have commissions in the Medical Reserve, they are liable to call. The interns, however, if they are 1-year rotating interns, by direction of The Adjutant General should remain at the hospital until completion of the year's service.

Senator THOMAS of Utah. Does that refer to the Navy?

Colonel LULL. I can't answer for the Navy. He is probably in the enlisted Naval Reserves still since his graduation. That is what it sounds like; I don't know.

Major SWIFT. If the Congress considers that the exemption of medical students is essential for the preservation of the public health, I believe the War Department would offer no objection. We are not of that opinion, however, but it is subject to some discussion, as you well know.

It is assumed that the discriminatory feature of such an act would be carefully considered and evaluated by the Congress. Interns, resident physicians, and teachers may be deferred by their local boards, as has been brought out here a number of times. Mandatory group exemption of this personnel could only be justified by an assumption that the local boards will strip their own hospitals, deprive themselves and their neighbors of needed medical facilities. Any such assumption credits the members of a local board with absolutely no common sense or judgment.

Except for the exemption of students, all of the provisions of this bill can be accomplished with better results under existing law, and the War Department recommends that the bill not be enacted.

Now, myself, these other gentlemen, are all available for any questions.

Senator REYNOLDS. Senator Murray?

Senator MURRAY. I understand you testified in your testimony here this morning that a group of 20,000 men were checked, and out of the whole you only found 5 doctors and 3 dentists.

Major SWIFT. That is right; yes, sir.

Senator MURRAY. What were the ages of that group?

Major SWIFT. That I could not know.

Senator MURRAY. Of course if they are from 21 to 24 you wouldn't, naturally, have any.

Major SWIFT. I was told those cards were taken, a certain percentage from each month, and as I understand it, they were not taken in any particular order or for any particular age limits. I think they included all ages.

Senator REYNOLDS. In reference to that, Senator Murray, I understand General Hershey is desirous of providing an answer to the question.

General LEWIS HERSHEY. I have the statistics here.

Major SWIFT. There was one dentist, age 25; one dentist, age 32; one dentist, age 36; one doctor, 25; one 30, one 31, one 32, and one 34.

Senator MURRAY. But you don't state what the age group of the entire 20,000 was that was covered. How many were between 20 and 24?

Major SWIFT. The age in years ran all the way from 18 to 36.

Senator MURRAY. But you don't know how many were in the group between 21 and 24?

Major SWIFT. Yes; I have the figures here. In the age group of 21 there were 3,000; 22, there were 3,000; 23, 2,600; 24, 2,100; 25, 1,700; and 26, 1,300. I haven't had the total figured up.

Senator MURRAY. So the groups you examined were mostly between the ages of 21 and 25?

Major SWIFT. By far the large majority were between the ages of 21 and 27, and most of those between the ages of 21 and 24.

Senator MURRAY. These groups were examined by you after they were called to service by the boards in the various cities?

Major SWIFT. Yes; these men were actually inducted.

Senator MURRAY. And entered into service?

Major SWIFT. Yes, sir.

Senator MURRAY. And among them you say you found these doctors and dentists that the boards had failed to hold out?

Major SWIFT. Yes, sir.

Senator MURRAY. Exempt or defer.

Major SWIFT. There were 12,815 in the age group 21 to 25.

Senator MURRAY. Did you say in the course of your testimony that the bill is an objection to compulsory training?

Major SWIFT. No, sir; I did not. I said that objection had been offered by many witnesses to compulsory military training.

Senator MURRAY. During the course of these hearings here?

Major SWIFT. Yes, sir.

Senator MURRAY. I didn't hear any such statement myself. I understood that none of the witnesses so far as I know of testified to anything like that.

Major SWIFT. If I am in error in that opinion I would gladly retract it as a positive statement and offer it as a matter of opinion.

Senator MURRAY. You have no names of any particular witnesses?

Major SWIFT. No, sir.

Senator MURRAY. That is all.

Senator THOMAS of Utah. Major, your reference about being able to handle these matters by administration rather than by changes in the law is the idea which attracts my mind. I would like to ask some questions, even if they are probably a repetition of what you have said.

The theory of selective service, as I understand it, is based upon the notion of civilian training during peacetime, primarily. If war comes and you have an emergency, why then, of course, you have to do something about it. But ordinarily the theory is to build up our citizenship. If it continues throughout all time, and young men have to adjust their lives and their careers to 1 year training, there is provided in the law a voluntary method whereby they can do it to their best advantage.

Now comes a situation like this, in 1 year's time, where a certain group of medical students, interns or dental students, finds that they think it works a hardship on them and a hardship on the institutions they serve, and a hardship on the country. Well, if it does, that, of course, is inconsistent with the fundamental notion of the Selective Service Act, is it not?

Major SWIFT. There is no doubt about it. The Selective Service Act is for the good of the country and not the individual.

Senator THOMAS of Utah. I hope we are going to make it for the good of the individual. I think the time will come when practically everyone will realize that this year of service is in no sense a sacrifice but a great benefit, and that more people will try to get it than you will have room to take care of as time goes on. And in saying that I am not saying it from just my own enthusiasm or lack of enthusiasm, whichever it would be. I am saying it because I think this act puts the Army on its mettle quite as much as the people of the country, and the act is going to fail unless the Army responds and actually does something for the individual as well as for the country in taking care of it.

I look forward to the time, even, when you are going to be more anxious in getting a man who is underweight, improperly nourished, and build him up for the benefit of his country in case of an emergency, instead of all the time thinking of the cream of everything, because there should be a correct development in every educational process. If you don't have the corrective, you don't have an educational process.

Major SWIFT. That may be true, Senator, under a little different circumstances, when time is not such a vital factor.

Senator THOMAS of Utah. I am talking about time. I am talking about the theory of the bill, because this is what these men fail to realize. If there is an emergency, and you need doctors in front more than you need them anywhere else, no medical student wants to hang back a minute, and no hospital wants to keep them, and if you lose sight of the long-range training, your selective service arrangement is going to fail, because our whole theory of starting it was to overcome some of the mistakes that were made in 1917, when we had to work a little bit faster, and from one end of the bill to the other you find written in there safeguards, safeguards to take care of the men, that they may be better trained, and there may be better trainers, and all the rest of it.

In other words, you have a bill that in the long range is attempting to fit into what may become the normal life of the young men of the Nation, and the year's training is going to become part of their educational process, whether they are bricklayers, whether they are doctors, or whatever they may be. That is the scheme and that is the idea, and it is to be for the benefit of the individual quite as much as for the benefit of the Nation.

Now, what I want to ask is, under administration you seem, by your testimony, to imply that you are taking into consideration all of these factors, that you are trying to do a big, well-rounded-out job for the benefit of the individual and the Nation. Do you think you are doing it?

Major SWIFT. Yes, sir; I certainly do. When I said administrative action, I was referring to administrative action by both the War Department and the Selective Service System. There are some things in this bill that the Selective Service System cannot accomplish, and there are some other things that the War Department cannot accomplish.

Senator THOMAS of Utah. There is a provision in the bill which provides for deferment for health reasons or for medical reasons or for things of that kind, isn't there? That provision is in the bill now?

Major SWIFT. You mean in this bill?

Senator THOMAS of Utah. No; not in the bill, in the act. It is there.

Major SWIFT. Yes, sir.

Senator THOMAS of Utah. So it was in the minds of the framers of the act, was it not, and it is in the minds of the administrators today, to take care of that situation, is it not?

Major SWIFT. Yes, sir.

Senator THOMAS of Utah. And if an emergency should come where there may be a serious epidemic in some place, it would not be out of harmony in the act to transfer these men immediately to that place, would it?

Major SWIFT. Why, no; if they are qualified for that duty.

Senator THOMAS of Utah. That, of course, is the point—if they are qualified is the essence of any educational system, is it not? If they are qualified is the essence of any selective training system, is it not?

Major SWIFT. Yes, sir.

Senator THOMAS of Utah. You are either trying to build men or help put men in their place.

Now, my thought in saying this is to ask this question, not so much of you but of the men who presented the bill. I am in complete harmony with the sponsor of the bill, that if the selective service group and War Department and Navy Department are not living up to the broad hopes in the bill, we want some corrective measure. That is Congress' duty. If they are living up to it and making the adjustments, and they can do it by administration, it will be done very much better in the long run by administration than it will be done by law, because law hits straight across the whole country, and our country is a big country, and sometimes to take a man for training from this particular point is inadvisable, where it would be all right from here, and that is why you have the local board to go into the situation, is it not?

Major SWIFT. Yes, sir.

Senator THOMAS of Utah. Now, then, can we improve the act, thinking in terms of doctors and dentists? Can we improve it in regard to flexibility, so that we can respond quickly to needs?

Major SWIFT. I think the improvement you mention will come with time. If the local boards know the situation with respect to the Army and they certainly know it with respect to their own communities, if you give them a chance they will make fewer mistakes as they go along.

Senator THOMAS of Utah. In other words, it isn't a timely moment to change the law which is still in a rather experimental stage.

Major SWIFT. I think it is rather untimely. We haven't even tried this induction of students. Medical students are deferred until the 1st of July, or until the end of this school year. Now, until we know how many medical students we are going to induct into the Army, it seems to me that we don't know whether that proportion is going to be any serious detriment to the medical profession or not.

Senator THOMAS of Utah. Now then, since you have been bound by law for a given date, and you have been prevented from a certain kind of experimenting that you might have carried on, doesn't that illustrate the point about the modification of the law? Will not, or is there not a chance, that these men, these very men you are trying to benefit, will not be as well off with a strict law as they will be by a sympathetic administration, taking into consideration all the factors related to a medical student's life?

Major SWIFT. Blanket exemption, of course, would include them all. If by the expression "well off" you mean would more of them be exempt, there would more be exempt under this bill than perhaps if it were left with the local boards, because local boards have refused deferment in certain cases where in their opinion the individual is not necessary. If the American Medical Association determines that all interns are essential to the public health, that opinion very evidently disagrees with the local boards in some cases. If left to the local boards, the individuals which they do not consider essential would be eligible, but in the opinion of the Congress if they are all essential, of course, they would all be exempt.

Senator MURRAY. Well, the information that we have is that there is already a great shortage of interns in the hospitals, and many hospitals have been advertising, seeking to get interns that they can't get.

Major SWIFT. I would like to refer that for an expression of opinion to Colonel Lull. He knows more about the medical situation in the country than I do.

Colonel LULL. It is true that some hospitals have trouble securing interns. I am president of the board that selects interns for Army hospitals. We have only four Army hospitals in which we do intern training. We select only 40 a year and we had, for the 40 vacancies, about 150 applications this year.

Senator MURRAY. Naturally you would have more applications than the regular hospitals, because if a young man felt he was going to be inducted into service he would naturally, if he was a medical man, apply to your hospitals.

Colonel LULL. But he, of course, is given no more protection in an Army hospital. He is still a civilian in an Army hospital; he is not in military service even in an Army hospital.

Senator MURRAY. But if he was in an Army hospital he would naturally be not inducted into service as a private.

Colonel LULL. He has no different service than an intern in a civil hospital.

Senator MURRAY. Do I understand that the men who are serving as interns in your hospitals are being inducted into service?

Colonel LULL. No; the men who are serving in our hospitals, most of them—in fact all of them—have applied for Reserve commissions,

and will not be placed on any duty for a year. Any intern in the United States can do the same thing.

Senator MURRAY. Then the interns, too, are all better paid in the Army hospitals than they are in private hospitals.

Colonel LULL. \$60 a month they get in Army hospitals. Many other interns get nothing.

Senator MURRAY. They don't get anything in many other hospitals?

Colonel LULL. That is very true.

Senator MURRAY. The information we have from a survey that has been made is that out of 410 reports 371 medical students have been classed as 1-D, and 10 have been placed in 2-A, and 29 others in other categories. What have you to say to that?

Colonel LULL. Medical students or interns?

Senator MURRAY. Medical students.

Colonel LULL. Of course that is in the hands of the local boards, as has been brought out before. There is no uniformity as yet, and that is something that we hope will shape up later.

Senator MURRAY. And the local boards are seeking to avoid any responsibility of this kind, and a great many of them have expressed the belief that there should be legislation on it. Editorials to that point have been printed around the country in newspapers.

Colonel LULL. Of course we know, in the Army, nothing about the local boards. We take the selectees after they are turned over to us, so that my contact with a local board is such that I couldn't answer questions.

Senator MURRAY. Of course, taking any substantial number, or even a few medical students out of the medical training is highly injurious to the health of the Nation.

Colonel LULL. For a long-range program, as Major Swift has stated, if it is deemed necessary the War Department will interpose no objection to that part of the bill that has to do with the deferment of medical students.

Senator MURRAY. They have no objection to that part?

Colonel LULL. I think Major Swift said in his testimony the War Department would not object to that, if it were deemed necessary. The objection, Senator, from the medical viewpoint in the bill as originally offered, was, as Major Swift said, it would compel us, in the first place, in the Medical Corps, to accept for commission everyone who had a medical degree and who was inducted. Now, at the present time, there have been a number of doctors inducted, according to this table. However, there is no reason why a qualified doctor of medicine should be inducted at the present time. It is a little different with the doctor of dentistry and the doctor of veterinary medicine.

Senator MURRAY. Of course, if the intention of the bill is not to compel the Army arbitrarily to accept these men as officers if they didn't desire them as officers, then in that event they could be deferred and could then remain in the private practice of medicine which is necessary for the country. If that is the only objection to the bill, that situation could be very easily made clear.

Colonel LULL. Yes, sir; I think so, but, Senator, if one of them is once commissioned from one of these substandard schools, we would have all sorts of pressure put on us. He is then a Reserve officer, and liable to call, and we would have all sorts of pressure put on us as to why he wasn't called.

Senator MURRAY. That could be very easily——

Colonel LULL. That could be corrected in the bill.

Senator MURRAY. So that the bill could be easily so worded as to overcome any of the objections that you have referred to.

Colonel LULL. I think it could.

Senator MURRAY. That is all.

Senator REYNOLDS. Colonel Lull, I understand the colonel wanted to make a statement.

STATEMENT BY COL. G. F. LULL, CHIEF OF PERSONNEL DIVISION, SURGEON GENERAL'S OFFICE

Colonel LULL. Senator, I have a few things that I would like to tell the committee, in view of the fact that I have listened to all of the testimony given before the committee, and some of these things have been brought out by Senator Murray's questions.

First is the fact of interns being called to active duty and inducted. The reason is that the intern has failed to apply for a commission if he is inducted. He should have applied for a commission, and his calling to active duty would be deferred until the completion of his internship, which will take care of the intern, and as I said before, the resident physician we all felt could spare a year away from his studies, his specialized studies, and in fact in many places could continue them in the Army. The American Board of Surgery has already arranged to give credit to Army service for their board, and some of the other specialized boards have also considered giving credit to individuals who were assigned in the hospitals in the military service.

One reason, as Major Swift said, we objected to taking all graduates of any school is because we felt that the Army, the Medical Department especially, and even the Congress, would be subject to criticism if we allowed these men who were poorly prepared, in our opinion, to treat selectees in Army camps.

Senator MURRAY. That wouldn't be true with reference to many of the medical practices, such as obstetricians and gynecologists, and some other expert services of that character.

Colonel LULL. I didn't understand you, Senator.

Senator MURRAY. You say that they would be given an opportunity to pursue their studies in the Army.

Colonel LULL. It would not be true of gynecology and obstetrics, because they deal only with diseases of women.

Senator MURRAY. It wouldn't be true, also, with reference to diseases of children.

Colonel LULL. There are certain things that it is impossible to do, of course, but it would have to do with surgery, eye, ear, nose, and throat——

Senator MURRAY. You say the bill as it stands would compel you to accept men from colleges that were not qualified, or low-rate colleges—I don't know how you designate them—but you mean to infer that you would be compelled to accept men who would not be fully qualified under the terms of this bill.

Colonel LULL. Yes, sir.

Senator MURRAY. Here is the language of the amendment. It provides:

Any individual selected for training and service under this act (1) who is a graduate of a medical school and is eligible as such a graduate for examinations given by the National Board of Medical Examiners of the United States, or who was so eligible at the time of his graduation, or who is a graduate of a school of dentistry, or holds a degree of doctor of dental surgery or doctor of dental medicine; and (2) who holds a valid license to practice medicine, surgery, or dentistry in any State, Territory or possession of the United States, or the District of Columbia, and is engaged in such practice at the time of his selection (3), and whose physical and mental fitness for such training and service have been satisfactorily determined shall, in lieu of induction into the land or naval forces of the United States for such training and service, be commissioned an officer in the Medical Department of the Officers' Reserve Corps, and ordered into active military service of the United States, as provided in the joint resolution approved August 27, 1940.

Colonel LULL. We interpret that, Senator, that if he was a graduate of a medical school and—we didn't interpret it that he had to fulfill all of these qualifications, "(1), who is a graduate of a medical school or who holds"—I notice it says "and" who holds a valid license to practice medicine.

Senator MURRAY. In other words, they have to be eligible to pass the National Board.

Colonel LULL. If they have to be eligible to pass the National Board, that would take care of all the substandard schools in the United States.

Senator MURRAY. So the language of the bill would not compel you, then, to accept men who were not qualified.

Colonel LULL. Not with that interpretation.

Senator MURRAY. Well, that is the correct interpretation.

Colonel LULL. The statement was made before the committee that we have many physicians in the United States who have got their education abroad, and that the majority of the men who went abroad went there for the reason that they wished to receive a more broadening medical education. This statement, however, I think is not exactly accurate, as most of the men who go abroad are men who have been rejected from American schools for one reason or another.

Senator MURRAY. Isn't it true that the majority go abroad because there isn't room for them? There is a limitation on the number of medical students that can be accepted in any of the medical colleges.

Colonel LULL. That's right, and this group of men belong largely in the lower brackets. When they are all sifted out, the group who for educational reasons or for some other reason are not accepted in American medical schools, they go abroad.

Senator MURRAY. I don't understand why you should arrive at that conclusion, because many of them may be very highly qualified as students, but the particular college would not have room for them.

Colonel LULL. I say there is some reason why they are rejected.

Senator MURRAY. They have to reject them if the number has already been filled for that year. They wouldn't be able to take any more, however qualified the student might be.

Colonel LULL. Senator, the Association of American Medical Colleges records show that most of these students have applied to five or six colleges and been rejected, usually for some definite reason, the

majority of which are low scholarship. That doesn't hold in all cases. Many boys are rejected in American medical schools whose scholarship in the premedical branches has been fine, and they are rejected because there is no room, but the majority are rejected, according to the Association of American Medical Colleges, because of low scholarship, primarily, and they go abroad to study.

Now, some of them go to very good European schools and they are commissioned now in the Medical Reserve. They are now being commissioned in the Medical Reserve. If they can fulfill certain requirements, and these requirements are those laid down by a committee of graduates of foreign medical schools who came to Washington and proposed that if they filled these requirements, would we be willing to commission them in the Medical Reserve Corps, and we recommended that to The Adjutant General and it has been approved, and we do commission such graduates, and it was indicated in the testimony that these men could not obtain commissions in the Medical Reserve Corps.

Senator THOMAS of Utah. Doctor, right there there are about 5,000 boys in America graduating every year in medicine, are there not?

Colonel LULL. Yes, sir.

Senator THOMAS of Utah. Is 5,000 the number that are in the medical schools?

Colonel LULL. Between 5,000 and 5,200 graduates.

Senator THOMAS of Utah. And as I remember, there are about 15,000 applicants each year to the medical schools.

Colonel LULL. I can't say, Senator; I don't know.

Senator THOMAS of Utah. So the rejection is pretty high.

Colonel LULL. Pretty large.

Senator THOMAS of Utah. Are, in your opinion, the 5,000 taking care of the normal medical demands of our country? Are we short on doctors? Do we need more doctors?

Colonel LULL. Under ordinary circumstances I think scarcity of doctors is due to poor distribution more than anything else. I think numerically we probably have enough, but I think the distribution is poor, because there are many areas where there are not enough doctors, and in some areas there are more than enough to satisfy the demands.

Senator THOMAS of Utah. Are we going to get those facts as a result of your experiences with the Selective Service pretty soon, so they will aid us in our health bills and hospital bills before the Education and Labor Committee?

Colonel LULL. I don't believe I can answer that question. We are assembling data now as much as we can.

Senator THOMAS of Utah. You are trying, though, to find out the country's needs?

Colonel LULL. Yes, sir. We have, in the Personnel Division, received word from—well, it is hard to evaluate it, sir. We receive word from certain districts that "they have taken away our doctor and he is badly needed here," and we approach him with the fact that "Here you have gone away and left the community without your services," and he will say, "Why, no I didn't. There is no such thing. There is ample medical attention that can be given to those people. It means that the doctor has to come a little greater distance."

Now, undoubtedly things like that have happened, and undoubtedly a man has gone into the Reserve Corps where he is anxious to get away from a community where he has been for several years, and those things are going to take time before they are adjusted. We are making an attempt to adjust them.

Senator MURRAY. Doctor, if these men from the foreign schools are eligible to fill the requirements of the National Board of Examiners, then they must also be held to possess the high qualifications that are required of the graduates of other United States schools.

Colonel LULL. That is right, Senator. That is one of the requirements—if he is eligible to take the National Board of Examiners.

Now, there is one other point that I think hasn't been—it has been brought out, too, about the induction of professional men; dentists and doctors and veterinarians should be included in that, because our requirements for this training program include 1,000 veterinary officers. All the perishable foodstuffs in the Army, meat and dairy products, have to be inspected by a veterinarian. That means we will need 1,000 veterinarians. We think in the Medical Department it is very uneconomical to employ 9,000 doctors, 2,000 dentists, and 1,000 veterinarians as officers, and then draw away from the civil community a number of doctors, dentists, and veterinarians and place them in the ranks. That is uneconomical, because if a number of men have to be brought away, there is no reason why they shouldn't be brought away and put into the positions they can fill.

When they are brought into the ranks it takes about 2 months before we can get them commissioned. As the Senator said, it probably doesn't do them a bit of harm to serve in the ranks for that length of time, provided they do get commissioned. If they serve over that length of time I don't think it does them any good. But that is a feature, in inducting these professional men, that has to be thought of, because of taking them away from the civil population, and that is the basis that we were very anxious not to have them brought in and checked as inductees, because we feel they are being brought away from the civil population and they are not doing the job that they are best suited for.

Senator REYNOLDS. Is there any other statement you would like to make, Doctor?

Colonel LULL. No, sir; I have no further statement.

General Fairbank, Chief of the Dental Division, and Colonel Kelser, Chief of the Veterinary Corps, may wish to elaborate on this statement.

Senator REYNOLDS. I believe General Fairbank is next on the list.

STATEMENT BY BRIG. GEN. L. C. FAIRBANK, CHIEF OF DENTAL DIVISION, SURGEON GENERAL'S OFFICE

General FAIRBANK. Senator Reynolds and Members of the committee, I am in accord with the recommendations of the War Department, because I believe that there are many things appearing in this bill which would be detrimental to our Medical Department, to our Army, and not helpful to medicine and dentistry if they were incorporated in an act.

This is particularly true with reference to the inclusion of dental internes. Now it provides, and with very good intention, for deferment from military service of dental interns. The American Dental Association and the American College of Dentists have not established standards for dental internships. While we have something like over 260 internships in hospitals throughout the country, the only real and genuine dental internship is that which was established by our Army. That was established 2 years ago, and it is established very much after the pattern of the medical internship, in that we rotate internes through the various services of the dental clinic, and they are brought very close to medicine in its relation in that hospital.

We have 10 internships which are available each year, and we believe that it is a field that is highly important in the development of medicine in these days. But a vast majority of the internships in civil life are just an internship in name only, and not in character of the service that is rendered, or the supervision and guidance that is given to these youngsters just out of the dental college.

For that reason it is perfectly obvious that by enactment of this bill there will be provision made for the deferment of men who are not continuing their educational program on a status which the Congress should recognize.

There are, however, some other dental installations which are very worthy of consideration, not that I feel that it should be handled by enactment of a bill but rather the consideration of our local boards of selective service, and that is, these very large children's clinics that have been established in many communities, the great Eastman Dispensary in Rochester, the Forsyth Clinic in Boston, the Guggenheim Clinic in New York, the children's clinic in Detroit, and the Kellogg Foundation in Michigan, and likewise the work that is being done in your State, sir, in North Carolina, to help out the children of school age. One of the greatest programs that was ever established for prevention in this country was established in North Carolina, in the work of their Public Health Service for their children. It is under your State department of health.

I believe that those things should be recognized. Great stress is being placed today upon the care that is being given children, and it is obvious that these great clinics serve a great purpose.

Now then, many letters have come to me because, unfortunately, I am accused of being the man who is responsible for the dentists being inducted, the dental schools facing this unhappy situation today with reference to their students. They seem to think that the decision lies with me. As a matter of fact, it is not within the jurisdiction of our office.

Senator REYNOLDS. How many dentists actually engaged in practice in their profession are there in the Army today?

General FAIRBANK. Do you mean inducted?

Senator REYNOLDS. No, regularly in the Army.

General FAIRBANK. We have 269 in our regular Corps.

Senator REYNOLDS. You have one dentist to how many men?

General FAIRBANK. Before this expansion began, we had one dentist to every 750 enlisted men.

Senator REYNOLDS. Was he able to take care of the 750?

General FAIRBANK. We did our best. We felt that by our grouping in clinics and our different type of administration we were render-

ing far more service than we ever did in the past, but it is an inadequate number to meet the need.

Senator REYNOLDS. It must keep one man pretty busy, to take care of 750 patients.

General FAIRBANK. It is a frightful load.

Senator REYNOLDS. That was the maximum?

General FAIRBANK. In our setting it up in the Surgeon General's office we have made provision and recommendation time and time again that we have at least two dentists per thousand. On that basis the tables that have been set up by the General Staff are not in agreement with the recommendations that have been made by the Surgeon General. However, those are administrative things which I think in time will be all taken care of, because I am quite positive that it is the intention of the War Department to afford every consideration that may be necessary for the health of our troops. I am definitely of that opinion.

Senator MURRAY. What would be the proper ratio of dentists to the personnel of the Army?

General FAIRBANK. That is hard to say, Senator Murray. We have worked on the basis that we should have two per thousand. Experience with this draft shows, where we are finding such an enormous number of dental defects among those who are brought up before the draft, that we are inclined to believe it would make our dentists work pretty hard. As a matter of fact in some camps today they are working on two shifts. At Fort Sam Houston, a very large station in Texas, that is the only way they can possibly take care of the urgent needs in that command.

Senator MURRAY. In the Navy that is the ratio.

General FAIRBANK. The Navy has a ratio of two per thousand.

Senator REYNOLDS. Then you figure on two per thousand?

General FAIRBANK. That has been our estimate.

Senator REYNOLDS. In reference to dentists, as a result of the Selective Service Act taking men out of civil practice and putting them into Army practice, you might say those men in the Army are really doing work that would ordinarily have been done by the same men if they had been in civil life. Isn't that true?

General FAIRBANK. What do you mean?

Senator REYNOLDS. By that I mean this: The men you have in the Army are having dental care by the Army dentists, but if those men had not been inducted and the dentist had not been inducted, they simply would have had their work done on the outside of the Army, therefore you are not taking away to such a very large degree the dentist who actually engages in practice in his respective community.

General FAIRBANK. These dentists who were inducted are not in our dental clinics, and of course if a dentist is inducted as a private he is in a nonprofessional status, and he cannot be authorized to do any dental service.

Senator REYNOLDS. But if he is assigned to the Dental Division, of course he is working on the teeth of these men.

General FAIRBANK. No; we couldn't permit that, because he would be an enlisted man and we can only permit a man who is a commissioned officer to render dental service.

Senator REYNOLDS. Suppose he is commissioned?

General FAIRBANK. Oh, indeed, yes.

Senator REYNOLDS. He would be working on a man in the Army that some other dentist would be working on in civil life.

General FAIRBANK. The difference is that a great many people being inducted into service have never been near a dentist in all their life. Recall this, that not over 22 percent of our population get dental service—not more than 22 percent. That question was asked the other day in this hearing and it wasn't presented to the committee.

Senator REYNOLDS. Of course this induction into the Army is going to change that percentage tremendously.

General FAIRBANK. And it will raise the demand for dental service after these men get out.

Senator REYNOLDS. Don't you think in that connection that this Selective Service Act that we are practicing now, so to speak, is one of the finest movements for the development of the health of the young people of this country? The physical culture features of it are a marvelous thing.

General FAIRBANK. Undoubtedly.

One thing, for the first time in their lives these men will be under the supervision of experienced medical officers who look after their health in preventive measures. They are under the influence of their food, under officers who are trained nutritionists; their meats and dairy products are all inspected by our Veterinary Corps. They are the very finest foods. It is different, vastly different, from what a majority of these men know, and the conditions under which they have lived in the past.

Senator REYNOLDS. About 80 percent of them are being provided dental care which they never had before, or 78 percent.

General FAIRBANK. Yes.

Senator MURRAY. Of course, the men that have a bad dental condition are not accepted into the Army at all.

General FAIRBANK. Well, if we didn't put the dental standards down pretty low we couldn't have an Army, because over 90 percent of our people are affected by dental diseases. It is the most prevalent of all diseases to which the human individual is heir, and if we didn't lower our standards pretty well, it would be impossible to get an Army.

Now, for that very reason we anticipate—and we have established our dental services on a basis of its rendering a maximum amount of service, and in our training program it is our anticipation to accomplish just as much as we can for these men, to help maintain good, healthy soldiers, and good teeth and good mouths are essential to health.

Senator MURRAY. The Army Dental Reserve at the present time is not adequate to take care of the situation for the Army, is it?

General FAIRBANK. According to the figures established by the War Department, yes. According to the requests and recommendations of the Surgeon General, that reserve of ours will be used up next year.

Senator MURRAY. And as the Army expands, there will be a greater demand.

General FAIRBANK. A greater demand, a greater need.

Now, one point, if I may proceed.

Senator REYNOLDS. Certainly.

General FAIRBANK. One point that has been missed entirely in the consideration of the students, it is common understanding and knowledge that as far as our freshman classes in medical and dental schools,

the losses due to academic failures are very high in the freshman class. They are something that is not provided for under the provisions of the bill. I believe that if anything were done whereby deferment were given to students, it should be done with deferment based entirely upon the academic grades that these men maintain in school. It would better medicine, it would have a profound influence upon the type of graduates who would complete their courses and ultimately be members of our profession.

There is another aspect to this that was not touched upon relative to those who would be inducted into the service.

Senator REYNOLDS. Just on that point, did I understand you to say that those who could not make good grades should be deferred?

General FAIRBANK. Just the opposite.

Senator REYNOLDS. Just the opposite?

General FAIRBANK. Just the opposite. I think a certain standard, and the induction boards or the draft boards should be authorized to secure the transcript of a man's grades in school. It is known that men who may desire and may have the educational qualifications to enter medical school—

Senator REYNOLDS. And defer those who have good grades, and the man who hasn't a good record is inducted into the Army, and, having studied medicine, you would probably provide him with an assignment as an intern?

General FAIRBANK. Well, he couldn't get that. An enlisted man in our service, possibly so.

Senator REYNOLDS. As a matter of fact, then, his training would be of considerable benefit to him.

General FAIRBANK. It might and it might not. It is mostly book learning that first year. They don't get very far in their first year.

Senator MURRAY. May I ask you there, General, under the act as it is now worded, if a student's status changes, then he is dropped, of course, from his studentship.

General FAIRBANK. Splendid. The only point that I bring out in that is that we are tremendously interested in stepping up medical and dental education and the quality and caliber of the men who come into the professions. I think it would be very stimulating to our medical and dental schools to have that very definitely before the student bodies. We wouldn't have conditions running through from year to year.

There is not included in the bill, Senator Murray, anything relative to the moral qualifications of the individual. It has been exceedingly disappointing—

Senator MURRAY. You mean with reference to medical students?

General FAIRBANK. Yes.

Senator MURRAY. Of course, that is taken into consideration in accepting the students in the first instance into medical schools.

General FAIRBANK. But not on the basis which we would in the Army.

Senator MURRAY. In other words, you mean that the moral level of the medical students does not come up to the high requirements of the Army?

General FAIRBANK. I mean from the standpoint of the subversive character of some individuals.

Senator MURRAY. You mean their political beliefs.

General FAIRBANK. Yes, sir; I mean that exactly.

Now, a question has been raised with regard to the members of the faculties of medical and dental schools being deferred. A few months ago it was my privilege to be in Vanderbilt University, trying to help out the school of medicine there in the selection of their staff for the affiliated unit which has, in our organization, established one of these base hospital units such as was established in the last war. They have some difficulty, because they have prize men on their faculty. For the good name of Vanderbilt they wanted to have excellent men on it. At the same time they did not want to deprive their hospital and medical school of teaching material.

It was very readily shown to them that many of our schools, many of our hospitals, have a little coterie that sort of runs the show, and I showed them that under the influence of a national emergency, wherein demands are made such as we would expect in time of war, there would have to be a breaking down of that little coterie which was swinging things and broaden out, use other men that are available in their community, because it is imperative that when this Nation calls for a hospital unit it should have something of which they can be proud, and upon which the Surgeon General can depend for real, genuine service. So I believe that as far as the exemption of men, or the deferment of men, who are on the teaching staffs of hospitals and medical and dental schools, it is perfectly obvious that that could hardly be done. As a matter of fact, I have asked the dental schools of this country to provide me with a certain number of their teaching staff to use for active duty at the present time, because I felt that they were duty bound to render some service, that it was their patriotic duty to assist us in the development of our dental service, even in this training program that we face today.

Now, I can't blame the deans of these schools for being very much in accord with the provisions of this bill, because it is an attitude of despair, and they are very greatly concerned, but I am confident, just as confident as I am that I am sitting here before this committee, that the War Department is going to use greater consideration and that the induction boards ultimately, or the draft boards ultimately, will find a solution which will be helpful in the promotion of our medical education throughout the country.

Of course the deferment of these students is something that we couldn't possibly state. It is not within our province to do so. That is entirely up to the Congress. If the Congress feels that it is necessary to do that, why it is perfectly obvious that we would work with that spirit, but it is not within the provisions of our position to state that.

Now, just in closing, there is one thing that I would like to say. that I just wish that selective service could make a very searching inquiry into their records as to the number of physicians and dentists who have been inducted into the military service. Of course, as I stated earlier, these men, the dentists in particular, all claim that it is my fault that they are being inducted into the service, so I get many, many letters. Unfortunately, when those letters come into the office they are handled as official mail and get into our files, and it is impossible for me to know how to get them back. They are in the files of our office, but I can assure you that I have received hundreds of

letters from men who are worried about induction, and a large number who have already been inducted.

Now, among these men who have been inducted, as far as I have been able to learn, none of them has been assigned to dental installations, but they are in medical installations. I think there was something brought up about some man—the letter came to our office; I couldn't find it, but it was really amusing—and the only thing he had had to work with since he had been in camp had been a big shovel. He had been out with a gang cleaning up the camp. Well, that will probably do him a little good at first. He has been out in the open air.

But I am confident that these things are going to be straightened out, and therefore I concur with the War Department in its attitude with reference to the bill.

Senator REYNOLDS. Thank you very much, Doctor.

Senator Murray, have you any further questions?

Senator MURRAY. No.

Senator REYNOLDS. We have present today, gentlemen, Captain Albright, who is here representing the Navy Department, and I have before me now a letter from the Department of the Navy, Office of the Secretary, under date of March 7, 1941, addressed to the chairman of this committee, by Hon. James Forrestal, who was then Acting Secretary of the Navy. This letter is accompanied by a statement from the Navy Department over the signature of Acting Secretary Forrestal under date of February 24, 1941. I will give these to the official reporter and ask that he record them at this juncture, and unless Senator Murray here desires particularly to question Captain Albright, I will not put him to the inconvenience of coming to the stand.

(Following are the communications referred to:)

NAVY DEPARTMENT,
Washington, March 7, 1941.

The CHAIRMAN, COMMITTEE ON MILITARY AFFAIRS,
United States Senate.

MY DEAR MR. CHAIRMAN: Further reference is made to your letter of February 7, 1941, requesting the views of the Navy Department relative to the bill (S. 783) to amend the Selective Training and Service Act of 1940.

The bill S. 783 appears to embody the same proposals and is similar in language and intent as the bill S. 197, on which latter bill the Navy Department submitted a report to your committee on February 24, 1941.

There is enclosed herewith copy of the report on the bill S. 197, which is equally applicable to the bill S. 783 insofar as the views and recommendation of the Navy Department are concerned.

Sincerely yours,

JAMES FORRESTAL, *Acting*.

NAVY DEPARTMENT,
Washington, February 24, 1941.

The CHAIRMAN, COMMITTEE ON MILITARY AFFAIRS,
United States Senate, Washington, D. C.

MY DEAR MR. CHAIRMAN: Further reference is made to your letter of January 16, 1941, in which you request the committee be furnished with the views of the Navy Department in connection with the bill (S. 197) to amend the Selective Training and Service Act of 1940.

The purpose of section 1 of the bill is to provide that any doctor of medicine or dental surgery who has been awarded a degree by a recognized medical or dental school, is licensed to practice and is engaged in such practice, and who is selected

for training and service under the Selective Training and Service Act, shall, in lieu of induction, be commissioned in the Medical Department Reserve, Officer's Reserve Corps, and ordered to active duty.

The purpose of section 2 is to exempt from training and service medical and dental students at recognized medical and dental schools, and interns and resident physicians, surgeons, and dentists at recognized hospitals. It further provides that such personnel who are members of a reserve component of the land or naval forces shall not be ordered to active duty without their consent, except in time of war.

A law which would require, as this bill would if enacted, that every doctor or dentist be commissioned if and when he is about to be inducted into service, irrespective of the number of such officers that are required or that may be obtained by this procedure, would be prejudicial to the interest of the Government and would discriminate against the members of other professions. Lawyers, engineers, aviators, veterinarians, and others might, with equal justice, expect that they too be permitted to serve in a commissioned status only.

Section 5 of the Selective Training and Service Act provides for deferment of those whose employment or activity is necessary to the maintenance of the national health, safety, or interest, and authorizes limited deferment in the case of certain students. Thus ample provision apparently exists to take care of medical students and those internes, resident physicians, surgeons, and dentists who should not be taken from their civil activities for military service.

There may be certain individuals who are members of a Reserve component whose services as civilians are of sufficient value to the national interest to justify their deferment from military service in time of peace. Each case of this kind can and should be considered on its own merits. The mandatory exemption from military service in time of peace, except with their consent, of all medical and dental students, interns, resident physicians, surgeons, or dentists who are members of a Reserve component would discriminate against other Reserve personnel, and perhaps exempt many for no good reason.

The Navy Department is of the opinion that the proposed legislation is unnecessary and that its enactment would handicap the proper administration of the Selective Training and Service Act.

In view of the foregoing, the Navy Department recommends that the bill S. 197 be not enacted.

The Navy Department has been advised by the Bureau of the Budget that there would be no objection to the submission of this recommendation.

Sincerely yours,

JAMES FORRESTAL, *Acting*.

Senator REYNOLDS. Now, I understand that Gen. Louis B. Hershey, who is the last witness for the Selective Service Division of the Government, desires to make some brief statements prior to the closing of the hearing.

Senator MURRAY. At the close of the hearing I would like to be able to submit a brief statement to answer some of these points.

Senator REYNOLDS. Certainly, Senator, you will be privileged to submit any statement you are desirous of submitting.

Senator MURRAY. Here is a statement from an organization of chiroprodists, directed to the chairman and members of the committee under date of March 20, 1941, and it is signed and submitted by Dr. E. E. Thompson, chairman, preparedness committee, National Association of Chiroprodists, 705 Twelfth Street NW., Washington, D. C. That is accompanied by an amendment which the gentlemen of these organizations have proposed—that is to say, an amendment to S. 783—and I will ask the official reporter to embody this in the record and to have the statement of this organization followed directly by the proposed amendment.

(Following are the communications referred to:)

NATIONAL ASSOCIATION OF CHIROPODISTS,
 CHIROPODY-PODIATRY PREPAREDNESS COMMITTEE,
Washington, D. C., March 20, 1941.

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE: The preparedness committee of the National Association of Chiropractors appreciates the opportunity extended to it to suggest an amendment to Senate bill 783, to include students of chiroprody-podiatry among its provisions and to furnish for the record supporting reasons therefor.

The proposed amendment showing its applicable place in the bill is attached hereto.

Within the past 20 years the profession of chiroprody in its relation to the practice of medicine and surgery has grown in importance commensurate with the necessities and exigencies of the foot health requirements of the Nation. In recognition of the importance of the profession, the members of the National Association of Chiropractors have of their own volition taken gradual and effective steps to elevate their standards, their course of training, and the preliminary educational requirements for admission to practice by increasing the number of years of preliminary study and lengthening the course of study among the recognized professional schools and universities teaching chiroprody. This length of preliminary preparation and the regular course of professional study equals that of dentistry and excels that for pharmacists, veterinarians, nursing, and others allied and subordinate, yet auxiliary, to the practice of medicine.

The advanced methods of instruction and improved practice of our group of professionals have been of such a high order as to have us classified as ancillary to the practice of medicine by the American Medical Association. Through its judicial council it has had the following to say concerning chiropractors:

"The judicial council of the American Medical Association reported to the American Medical Association house of delegates, at St. Louis this year—that is, 1939—on the resolution which was tabled at the 1938 American Medical Association Convention concerning teaching in schools of chiroprody or podiatry. Since that meeting the council has investigated the matter further and is of the "opinion that the practice of chiroprody is not a cult practice as is osteopathy, chiropractic, or Christian Science, which have basis of treatment not supported by scientific or demonstrated knowledge but on which basis all diseases are treated. Chiroprody is rather a practice ancillary—handmaiden to medical practice in a limited field considered not important enough for a doctor of medicine to attend—and, therefore, too often is neglected. General opinion seems to be that chiroprody fairly well satisfies a gap in medical care that the profession has failed to fill."

The leading hospitals through the United States, known as class A hospitals, have attached our men to their respective staffs. A very recent instance of the importance of the work we are doing in the hospitals is evidenced by the fact that Doctors' Hospital of Washington, D. C., one of the latest and most modern hospitals in the United States, has recently assigned a chiropractor to its staff, with all the full hospital rights and privileges accorded physicians.

While the number of our students is comparatively small, the importance of their work may not be underestimated. An analysis of the latest reports of the Surgeon General of the Army, and reference is particularly made to the Surgeon General's Report for 1939, will disclose that the third largest cause for discharges from the Army has been due to foot ailments. This cause for discharge is only exceeded by (a) tuberculosis and (b) insanity. The statistics for one item in this group of discharges, without considering other allied and minor foot conditions causing discharges are: (a) Insanity, 237; (b) tuberculosis, 170; (c) pes planus (flat feet), 153. The monetary loss to the Government in the retirement of these men is considerable. It is not an exaggeration to suggest that many curables have become a permanent charge upon the Government. Six percent of selectees, according to the latest bulletin from the selective-service headquarters, are refused induction on account of foot ailments. With the tremendous increase of personnel in the Army and judging from the various types of shoes being worn in civilian life, a transfer to the use of a more standardized army shoe will necessarily create a condition that prompts the assertion that the percentage of discharges will be equal to, if not greater, in the emergency army than those which exist in one peacetime Army. There will be created an increasing demand and a greater need for those skilled in the art of foot health.

During the World War and while our profession had not reached its high level of technical proficiency and skill resulting now from its own continuing initiative, nevertheless there was then an ever increasing demand for those who had studied and practiced the art and profession of chiropody. So acute was the shortage of men skilled in chiropody that advertisements were inserted in the public press appealing to the public and offering special inducement for chiropodists to join the Navy and particularly its Marine Corps. Below you will find an exact copy of an article appearing in the Buffalo Courier of Tuesday, May 14, 1918.

"UNCLE SAM CALLS FOR CHIROPODISTS"

"My kingdom for a chiropodist, was the substance of the local Marine Corps' appeal yesterday. Six foot experts are wanted immediately for service in France to treat cases of trench feet developed by the slush and cold of the trenches. Sgt. George B. McGee, in charge of publicity, says this is the first call for chiropodists ever sent out from the local station. Men accepted receive the rank of sergeant. Sgt. Joseph Lubbs, formerly of Tonawanda, and until recently on duty in Washington, arrived yesterday to aid in the extension work of the local station. The first Marine Corps recruiting station that, Erie, Pa., has had in 5 years, will be opened when Capt. E. Sears Yates, in charge of the local recruiting station, and Sergeant McGee will visit that city to supervise the opening. Sub-stations in Jamestown, Olean, and Bradford will follow shortly."

The Surgeon General of the Army, Maj. Gen. M. W. Ireland, in his report of 1927 made this commendatory reference to the work of chiropodists.

"Assistance was also rendered by another class of men who were already trained in minor foot ailments, the chiropodist. Those secured by transfer early in the war, soon demonstrated their usefulness to such an extent that the desirability of having all qualified chiropodists who might be accepted in the draft made available for this work."

On January 14, 1941, the Secretary of the Navy through the Chief of Navigation amended the Bureau of Navigation Manual so as to provide an opportunity for the utilization of the services of chiropodists and to commission them as officers in the Naval Reserve. While the need of this specialized training and skill for the Navy has been recognized in the present National emergency, there is now pending in the House a bill known as H. R. 3738, the object of which is to accord chiropodists the right to become officers in the Army, where the need obviously is greater by reason of the larger number of men and of the additional hazards of the latter branch of the service.

The National Association of chiropodists through its preparedness committee seeks no special preferment either for those now practicing chiropody or for students of chiropody. We do, however, seek the same privileges for our students as may be accorded to other medical students. We do feel that the continuity of the study of our profession should not be broken if others are deferred. In the event S. 783 is reported favorably we feel our group should be embraced within its provisions. We feel the worth and the value of our professionals as demonstrated by the foregoing statements warrant like consideration to that given other medical students. The arguments thus made in favor of our inclusion for group deferment is not to be considered as a complaint against the administration of the Selective Service Act. We have volunteered our services to Director of Selective Service, to the Secretary of War, and the Secretary of the Navy. We are eager for the opportunity to serve. We are eager to demonstrate and prove our material worth to the services. But we feel to include a student of pharmacy, veterinary, dentistry, or medicine and exclude a student of chiropody would result in class legislation subject to all the infirmities of and objections to class legislation and at the same time deprive our students of that character and reputation of which they are justly jealous and proud, and which makes them ancillary to and hand-maidens of the art and practice of medicine. No gap should be created in our ranks if others are to be closed.

Respectfully submitted.

E. E. THOMPSON,
Chairman, Preparedness Committee,
National Association of Chiropodists, Washington, D. C.

PROPOSED AMENDMENT TO S. 783 (77TH CONG., 1ST SESS.)

The National Association of Chiropodists-Podiatrists respectfully requests that Senate bill 783 be amended by adding after the semicolon in line 24, page 2, the following:

"Students who are preparing for the degree of doctor of chiropody or podiatry."

Senator REYNOLDS. Now, Mr. Hershey, we would be very glad to hear your further remarks.

**STATEMENT OF BRIG. GEN. LEWIS B. HERSHEY, DEPUTY DIRECTOR,
SELECTIVE-SERVICE SYSTEM, WASHINGTON, D. C.**

General HERSHEY. Yesterday there was some question about exactly how did the local board act on one of the registrants, and at the expense of a little time I would like to outline very briefly what happens. First, the student or the dentist or the doctor or the intern submits Form 40, which is a rather complete description of the case. He is permitted to file any supplementary affidavit showing his educational and premedical background, his grades, or any other qualifications which tend to show the intention to complete training and the probabilities of fitness after graduation to qualify as a physician or dentist or what not.

Now, the dean of the school should prepare and sign a statement for the local board, which is on Form 42, which gives full information as to the student's background, his training, how well he is getting along in medical school or whatever school he is in, and other pertinent facts which the dean thinks will enable the local board to act intelligently. Then the president of the institution, if he cares to, may add anything, and apply the seal.

Then, granting that the local board does not act favorably, that is, as the registrant thinks is favorably, his next step is through the Government appeal agent, or he may appeal it himself, to the appeal board. If the appeal board does not act favorably, either the State director or the National Director may appeal this case to the President, and to the end that supervision over these is exercised, we have the advisers, occupational, that I noted yesterday, and the inspectors that go out from the State to keep track of these appeal board records and report to the State directors evidences of failure to protect the national interest.

The Selective Service in its planning program projects and is maintaining surveys of the results of these plans, and we are going to try to protect these individuals. I will not take the time to read a copy of the letter which the deans, that I referred to yesterday, the national preparedness committee of the Association of Medical Colleges, has sent to all medical colleges. It is a three-page letter which outlines in considerable detail the steps which I have outlined here.

Senator REYNOLDS. I think it ought to be printed in the record, though.

General HERSHEY. I would like to submit it for the record. What it does, it simply goes on and spells out, as we say, these steps, and this is the letter that was prepared here about 3 weeks ago, at the time Dean Rappleye and Dean Burwell and Dean Diehl spent some 2 or 3 days with us, trying to evolve a procedure to use with the students. We felt that regardless of the things that have happened on these, we

had to make the main effort on the students, because I think the others, on account of immediate things they are doing, are a little more likely to come to the attention of the local board than something that is 2 or 3 or 4 years off.

(Following is the communication referred to:)

LETTERS MAILED ON ASSOCIATION OF AMERICAN MEDICAL COLLEGE
STATIONERY

MARCH 15, 1941.

Memorandum to deans of medical schools:

Attached is a memorandum addressed to all State directors of selective service from national headquarters relative to the classification of registrants in training or preparation. The statement of Colonel Hershey is general in character of necessity but it does provide the basis for securing deferment of medical students and interns under the Selective Training and Service Act of 1940.

The following comments and suggestions were formulated by your committee during conferences with numerous officials in Washington recently.

The purpose of the Selective Training and Service Act is that of procurement of manpower for the defense needs of the Nation. The responsibility of the medical schools is to insure a continuous stream of properly trained physicians for the civilian and defense needs of the country. It is important to emphasize this purpose of the medical schools in the present emergency rather than be placed in any light of endeavoring to secure either a class deferment or deferment of individuals from their duty. Our concern is with the production of physicians and our requests for deferment should be based on our conviction that medical students should not be interrupted in their preparation.

All students are deferred by law until July 1. Beyond that time no group deferment is possible under the law. Consequently, requests for deferment into class II-A will have to be presented to local boards by each individual student. All students should be advised to request classification II-A. If this is not granted they should make an appeal within the 5-day period as provided by the law. These requests for change of classification to II-A should be carefully prepared in advance and presented to local boards at least 30 days before the expiration of current classifications. When these requests are presented it would be well to emphasize the urgent need of medical men for the defense program as well as for civilian needs and to emphasize the great importance of continuing medical students in training through 1 year on internship in order to insure an adequate supply of properly trained physicians for the needs of the country.

If reclassification into II-A is granted this is valid for only 6 months. At the termination of that period the individual is eligible for renewal of the deferment. At least 30 days prior to the expiration of that classification a request for continuation in class II-A will need to be filed with the local board. A full statement regarding the student's standing in the medical school and any other pertinent information regarding him should be supplied.

Requests for deferment should be presented on Selective Service Form 42. These should contain full information as to the student's background of training and progress in the medical school. The supporting statements should be prepared by the dean's office on official school stationery, carry the dean's signature, and be supported where necessary by a statement from the president of the institution. If such communications are notarized or include the official seal of the institution, they will have added weight with local boards.

In order to carry out the purpose of the memorandum from the national headquarters of the Selective Service System, medical schools can do much to lay the groundwork for appropriate consideration of requests for deferment of medical students. It is suggested that you discuss the situation with the State director and the State medical officer of Selective Service, with appeal boards, or at least with the physicians on these boards, and, so far as possible, with the local boards that will consider these requests. In certain situations the support of the State medical association, the State hospital association, and the State health officer may be helpful.

Authority has already been granted to corps area commander to accept applications for medical commissions for senior medical students. Instructions and forms for submitting these applications may be obtained from your corps area commander. Several of these commanders have requested that such applications be submitted prior to April 7, 1941.

The national headquarters have suggested that a liaison officer for the medical schools be appointed for each of the 48 States to deal with these problems. This suggestion will have immediate consideration and a report will be made to you later.

Cooperation will be facilitated also by giving to local boards all possible assistance in carrying out their functions in the administration of the Selective Training and Service Act. Some medical schools and universities are providing quarters for local boards in university buildings; others are providing facilities for the conduct of physical examinations; others are doing laboratory work and providing consultations for the Selective Service boards. Assistance of this type to these unsalaried boards should be considered a patriotic duty by every medical school and hospital.

In discussions concerning deferment of service for medical students, it should be emphasized that no exemption is suggested. All physically qualified medical students and interns should expect at least a year of service to meet the needs of the defense program; but this service should come at the time when it will be of maximum usefulness to the Nation, that is, after they have received their medical training.

WILLARD C. RAPPLEYE, *Chairman*,
SIDNEY BURWELL,
HAROLD DIEHL,
WILLIAM PEPPER,
FRED C. ZAPFFE,

Committee on Preparedness.

General HERSHEY. I have one other thing that I want to put into the record; the subject of it is "Classification of seamen." It has nothing to do with this except this. It is a type of exposition that we use. I do not have an article prepared on the medical situation. We are still working with it, to put it out as information from a governmental agency of the situation, as it affects medical and dental and veterinary men.

Senator REYNOLDS. Don't you have a pamphlet of that sort that you provide these boards with for the information of those who are about to be or are inducted?

General HERSHEY. I think perhaps I haven't made myself clear. We have the regulations and the law and all these instructions on how to prepare, but we haven't yet put out an educational pamphlet or article prepared by the Surgeon General's Office or the Surgeon General of Public Health which sets up the total number of doctors in the United States, the length of time it takes to make a doctor, the supply each year, and the predictable use for a 5-year period. That we haven't got into shape yet.

Senator REYNOLDS. In that connection do you get out a pamphlet of any sort providing general information for all of those who are inducted or who are about to be inducted?

General HERSHEY. The Soldier's Handbook, that the Army puts out.

Senator REYNOLDS. I mean, does your organization?

General HERSHEY. To instruct him on what is going to happen to him in the Army?

Senator REYNOLDS. Yes; a brief summary of what he is going to encounter, what the requirements are, and so forth.

General HERSHEY. I think the Soldier's Handbook, which is given to him immediately upon induction was prepared with that in mind.

Senator REYNOLDS. But there is nothing available for the local boards in their local localities?

General HERSHEY. A third of the men who have gone from the local board have been back that day or the next.

This, on seamen, is merely a sample of what we will be putting out on all sorts of people. We tried to hold it, first of all, to information furnished by governmental agencies. We label it with the sources from which we receive it. We, of course, cannot guarantee the accuracy of it. We simply say it is the best we can furnish under the circumstances.

Senator REYNOLDS. We would be glad to have that printed into the record, General.

(Following is the document referred to:)

MARCH 15, 1941.

Memorandum to all State directors.

Subject: Classification of seamen.

There have been many questions addressed to national headquarters regarding the classification of seamen. These questions are typified by the following:

1. Is the merchant marine an activity essential to the national interest, in the sense that a serious interruption or delay in such activity is likely to impede the national-defense program, within the meaning of paragraph 352 (b)?

2. Is there a present or anticipated national shortage of qualified merchant-marine personnel?

3. When is a seaman a "necessary man" within the provisions of paragraph 351?

With respect to the first question, it is believed to be a matter of common knowledge that our merchant marine is an essential activity, and that in times of emergency it bears a direct relation to the national defense. It is further believed to be a matter of common knowledge that the United States is engaged in an extensive expansion of the merchant marine at this time because of the existence of emergency conditions.

With respect to the second question, the United States Maritime Commission anticipates a growing shortage of certain skilled personnel as a result of the expanding shipbuilding program which may become acute within the next 6 months.

The third question: "When is a seaman a 'necessary man'?" depends almost entirely upon the three conditions of paragraph 351:

"(a) He is, or but for a seasonal or temporary interruption would be, engaged in such activity.

"(b) He cannot be replaced satisfactorily because of a shortage of persons with his qualifications or skill in such activity.

"(c) His removal would cause a material loss of effectiveness in such activity."

The naval occupational adviser to national headquarters and the Director of the Division of Maritime Personnel of the United States Maritime Commission, in a joint study of the general factors involved in applying these conditions to specific cases of occupational deferment of seamen, have made the following statements:

"It is anticipated that national shortages will occur in the engine department of merchant vessels, in the grades of firemen and higher ratings; in the deck department, in the grades involving able seamen and higher ratings, which includes boatswains and quartermasters; in the steward's department, it is anticipated also that a shortage of chief stewards, marine cooks and bakers may result. The anticipated shortages also include licensed officers and radio operators.

"Both labor and management in the industry are in accord that such classifications as wipers, ordinary seamen, messmen and messboys would not normally meet the requirements of paragraph 351 (b) and (c) of the regulations and, consequently, these classifications are excluded from consideration in this study."

The naval occupational adviser and the Director of Division of Maritime Personnel of the United States Maritime Commission are of the opinion that even though a seaman comes within one of the groups wherein shortages are contemplated, he is not a necessary man unless such registrant shall have actually worked at sea for not less than an average of 8 months per year in the last 2 years. Local boards can secure such information from discharge papers or, if the registrant is not able to locate such papers, from an affidavit of the registrant, specifying the vessels and voyages made, which information can be checked with the Bureau of Marine Inspection, Department of Commerce, or with shipping articles or articles of enrollment.

Where seamen are deferred, they shall be placed in class II-A. The period of deferment in class II-A may not exceed 6 months, but such deferment may be

renewed from time to time if the local board finds that such continuance is justified under the regulations.

In applying these broad provisions there must be no deviation from the clear statutory prohibition against group deferments. The local board has full authority and responsibility for deciding whether or not a registrant is a necessary man and whether he should be selected or deferred. It must consider all of the evidence submitted in connection with each individual case and must decide each case on its particular facts.

The statements of the naval occupational adviser and the Director of Maritime Personnel of the United States Maritime Commission are transmitted to State directors as the most authoritative official information available from governmental agencies on the subject of potential shortages among seamen. National headquarters has compiled no information of its own on the subject.

Sincerely yours,

LEWIS B. HERSHEY,
Deputy Director.

General HERSHEY. That is all I have.

Senator REYNOLDS. General, we have had with us several days my good friend and a citizen of North Carolina, of whom we are extremely proud, Col. John D. Langston, from Goldsboro, N. C. I want to say I have always had a great admiration and great respect for Colonel Langston. I know how vitally he has been interested in the national defense of this country for more than a quarter of a century. In North Carolina we consider him an expert on those matters. We are very grateful for the services he has not only rendered our State but rendered our Nation, and I am very happy indeed to learn, and am inspired for that matter to know, that he is a member of your staff and one of your assistants, I believe, associated with you.

General HERSHEY. He is far more than that, sir. I think North Carolina is to be complimented on their discernment. They have found out much earlier what the Nation is now learning. He is not only the adviser, he is the father confessor and a benediction, if you will.

Senator REYNOLDS. I am very glad to have that pronouncement and compliment from you relative to Colonel Langston.

We thank you very much, General, for the information that you and those having been associated with you, and all who have testified in this hearing here, the proponents of the bill, and I want to take this opportunity to compliment my colleague, Senator Murray, upon the diligence he has applied in this matter, in which I know he is very genuinely, seriously and patriotically interested.

Senator MURRAY. I wish to assure, you, Mr. Chairman, that the sentiments are reciprocal, and I appreciate the very fair manner in which you have conducted these hearings, and your very generous treatment of the witnesses who have come here in support of the measure. I don't think I have ever attended hearings before any committee of the Senate that have been more fairly conducted than these proceedings.

In conclusion I wish to call Mr. Barker for a brief résumé of some of the points that have been made during the opponents' testimony.

STATEMENT OF WAYNE BARKER, ASSOCIATION OF MEDICAL STUDENTS, INTERNE COUNCIL OF AMERICA

Mr. BARKER. We asked for the opportunity to make a few concluding remarks, because we felt that certain points in our previous testimony should be restated and that our position in regard to the bill should be completely clarified.

Senator REYNOLDS. Mr. Barker, just whom do you represent?

Senator MURRAY. He appeared here yesterday and testified.

Senator REYNOLDS. I wondered if you preliminarily provided the reporter with that information preceding this statement.

Mr. BARKER. Yes, sir.

Our organizations are in no way opposed to compulsory military service. I might say that to my knowledge and from my experience in the organization, I have not even heard any individual opinion expressed in opposition to the compulsory military service. On the contrary, actually we are seeking to insure the carrying out of the provisions of the selective-service law which were intended by the Congress to safeguard the health of the Nation. We only seek to serve our Nation in the best way we can.

I would like permission not to read orally the next few paragraphs, and insert those in the record.

(Following is the material inserted:)

After the Selective Service Act was passed we undertook to determine at that time whether doctors, residents, interns, and students in medicine and in dentistry would be considered in the administration of the law as essential to the national health. Our own investigation into the British and American experiences in the last war convinced us that provision should be made to prevent the wastage of these very essential people. The actions of the English and American Governments in calling medical students back to their studies from the armed forces was evidence to us of the wisdom of deferring medical students until they had finished their medical training. Representatives of the Interne Council and the Association of Medical Students were sent to Washington to determine the status of medical personnel under the selective-service law.

In September of last year, our joint committee came to Washington and discussed the situation with representatives of the Advisory Committee on Selective Service, the Surgeon General of the United States Public Health Service, the Surgeon General of the Army and the Surgeon General of the Navy.

The results of these discussions convinced us that only the Congress through legislative action could prevent the repetition of our experiences in the last war, and the further development of the shortage in medical and dental personnel which already is now in existence.

Mr. BARKER (continuing). What has been the result of the present treatment of the problem which has been brought to our attention here? On the basis of our reports from the various schools of the country, we can estimate that about one-third of the medical students of the country have been classified in class I-D, or are, in other words, deferred until July 1 at the latest. Of 410 reports analyzed by us, 371 medical students are in class I-D, 10 in class II-A, and 29 others in other categories.

It has been said that these medical students in class I-D will be reclassified when their present deferment expires, and that due consideration will then be given to the fact that they are medical and dental students. We believe that it is significant that other students in the same schools had their cases sufficiently considered to merit their being placed in other classifications. It is possible that the local boards have postponed the decision as to whether these men could be placed in class II as essential to the national health, but many of us have been told by our local boards that it is impossible for them to place us in class II, since this would constitute granting blanket deferment, because no one medical student is more essential than any other.

Let me cite the situation at the University of Chicago Medical School. When I left for Washington to appear here at the hearings,

my dean gave me a list of students who had been placed in class I-D from the University of Chicago Medical School. I might say that at my University there have been no students placed in class II. There were some 60 students in that category of class I-D. The chairman of our local board has stated publicly to a meeting of students, faculty, and others at the university that unless the selective service law were changed, there could be no deferment of medical students past July 1.

Now let me make clear that we do not deprecate the ability nor the fairness of our local board, nor of any other local board administration anywhere in the country. We do agree with them that under the present provisions no medical students could be placed in class II unless all medical and dental students were given the same classification, assuming, of course, that students are students only so long as they meet the academic requirements of the schools which they are attending.

Only 10 students I have mentioned in the 410 reports which we have so far analyzed have been placed in class II:

Unless we hope to have some 20,000 draft-board officials who are expert in medical affairs and thoroughly familiar with the testimony presented in these hearings, and agree unanimously, we can't hope to have an adequate solution to our problem. Since only advisory recommendations can be made to the local boards, we cannot expect a common solution for the problem of students, and a common solution we do believe is necessary.

General Hershey has observed that under the best of conditions he could only hope for 85 percent deferment of medical and dental students. In a situation where deficiencies in medical personnel already exist, and the number of graduates is already decreasing—for instance, this year only some 4,900 graduates are expected, which is a decrease of 200 over last year, and a loss of 15 percent of our medical personnel would be serious.

Of 139 interns whose classifications were analyzed by us on March 15, 29 had been placed in class I-A. Of this number, 13 were reclassified from class I-A only after vigorous appeal. Twenty-two interns had been placed in classification I-D, 80 in class II-A, and 3 in other classifications. There were still left 16 interns classified as available for immediate service.

Other reports which we have have not yet been analyzed, and I cannot report on those figures.

We know of 10 cases of doctors who are serving as privates in the New York area alone. Some of these have been given commissions, it is true, but they are still serving as privates, and we would like to point out that service with a medical unit as a private, however valuable for other purposes, does not mean performance of medical duties.

The most acute problem in relation to interns has resulted from the ordering to active service of interns and residents holding reserve commissions. The fifty-odd statements of hospital superintendents submitted yesterday show how serious the problem already is.

We would like to state our position in answer to objection which have been raised against the bill.

It has been said that this bill violates the provisions against blanket deferment. Now, the idea of prescribing blanket deferment was adopted by the Congress. A solution to the problem of medical personnel can only be obtained, we believe, by blanket deferment, whether

obtained by administrative or legislative means. Administrative means so far have proved ineffective. It certainly is within the right of Congress to change a policy which it has established under any circumstances, and certainly when the health of the Nation is at stake.

If and when the problems of other groups are brought before Congress, we feel that Congress will deal with these groups in the light of their importance to the national welfare, and with no fear of the pressure that these groups might bring.

During the last war the necessity for blanket deferment of medical and dental personnel was recognized only after the passage of 2 years and after what seems to have been a serious shortage had developed. This has been presented more fully in earlier testimony, but this very fact is reason for us to learn from our experience and to prevent, if possible, this situation from recurring. Our evidence has shown, I believe, that now is the time for prevention.

As to the changes which were proposed in the bill: The suggestions concerning the substitution of the phrase "eligible to appear for examination for licensure * * * in a majority of the States" or "eligible for the examinations given by the National Board of Medical Examiners" are designed to preserve the highest standards of medical education and training. With this objective there can be no disagreement. However, there has been no objection raised to the standards of the National Board of Medical Examiners. These are, in fact, the standards of the American Medical Association itself, and are accepted criteria of the Army, Navy, and United States Public Health Service in the appointment of medical officers. Since the objective desired is thereby attained there appears to be no valid reason for the change proposed.

The new provisions do not in any way clarify the standards. Rather, they seem to introduce certain new and cumbersome difficulties. Under the new provisions, the Army would be required to first canvass all the State licensing boards for each individual doctor or dentist whose case came before them to determine whether he would be eligible in a majority of the States. Unnecessary delays would be inevitable under such provisions. Further, it does not seem reasonable that, for example, one who might be acceptable in 24 States would be adjudged unsatisfactory, while one who would be acceptable in 25 States would be adjudged satisfactory.

Finally, the new provisions would exclude graduates of medical schools outside of the United States whose professional qualifications are entirely satisfactory as judged by eligibility for the National Board of Medical Examiners but who for various local reasons, such as residency or site of the place of their training, are eligible for some, but not for a majority, of the States.

As to their academic qualifications, I think the point was brought out by Senator Murray that eligibility for the National Board of Examiners puts them on the same level of requirement as for students in the United States.

The proposal that deferment be for only one year of internship we believe to be entirely unacceptable. Our own testimony and that of the American Hospital Association have shown beyond a doubt the indispensable nature of uncurtailed internships and residences both to the proper functioning of the hospital system and to the training of qualified personnel. The complexity of medical education

makes imperative maintenance of the continuity of intern and resident training. Interruption of this training would impair the supply of both general practitioners and specialists, and would provide the armed forces themselves with only partly trained medical and dental personnel. We cannot condone any but the very highest type of medical care for those serving in the armed forces and the civilian population.

Objection has been raised to the so-called "mandatory" commissioning of physicians and dentists. We believe that some definite instruction is necessary from Congress that medical and dental men be used in their professional capacities. We have already shown that at the present time many dentists, and at least 10 physicians in the New York area alone, are serving as privates with nonprofessional duties.

This bill is not, however, truly mandatory. Actually a commission may be refused if a man is not considered physically or mentally fit. This leaves leeway. But it puts the burden of proof upon the military service to show that a man is unsuitable.

The bill must insure that if a physician is not adaptable to the needs of military medicine his services will be preserved for civilian care.

There will be numerous cases of doctors and dentists who may fail to meet the high physical requirements for commissions and yet satisfy the requirements for privates under selective service. Under the new suggestion, such practitioners, because of a minor physical defect, such as imperfect eyesight, would be taken from their community. These men are capable of continuing to serve as practitioners in the profession at home. The needs of the civilian population will not be served by inducting these men as privates and wasting the skills which are vital to the health of the community.

The provision regarding certification of medical students by their deans was most ably dealt with by Mr. Perry before the committee. The provisions of S. 783 we feel are perfectly clear regarding medical students. If any student is dropped from his training because of unsatisfactory scholarship, his status thereby changes. Ample provision for changes in status is already contained in section 5 (h) of the Selective Service Act, and further amendment is both unnecessary and confusing.

The provision concerning teachers in medical and dental schools appears quite satisfactory, provided the portions of S. 783 which require service in their professional capacities remain intact.

It is our firm belief that the essential problem which faces the nations is the already existent and potential shortage of properly qualified practitioners. One aspect of this problem is met by the provisions of S. 783, which is designed to conserve and utilize to best advantage the available fully and partly trained personnel. We feel that this basic objective must at no time be submerged in a consideration of minor problems of phraseology.

The other aspect of the problem is the provision of a larger number of qualified practitioners. In this connection, we wish to reiterate our position that every effort should be directed toward raising the standards of the "unacceptable" schools both by the Government and by the American Medical Association. We strongly urge that financial and legislative assistance be given, if necessary, to accomplish

this end. We would suggest that additional legislation be considered by Congress for the purpose of establishing a Federal program of medical scholarships, perhaps in return for agreements to practice in rural areas, since the shortage of physicians in rural areas has been mentioned, and grants to improve and expand facilities of acceptable schools.

In conclusion, we wish to express our great appreciation to the Senate Military Affairs Committee for allowing us a full and ample presentation of our case. Our organizations have in the past had little concern with political matters, and this is our first appearance in such circumstances. It has been a lesson in democracy as well as a privilege to be present here. We wish to thank Senator Reynolds for his eminently fair conduct of the hearings, and to thank the gentlemen of the committee for their interest and their help in this problem.

Finally, we are especially grateful to Senator Murray. He has again shown great foresight in recognizing health problems, and willingness to act in the interests of the health of the people. We, the professions we represent, and the people of the country, are indebted to him.

Thank you.

Senator REYNOLDS. We are very glad to have heard from you again, Mr. Barker.

We thank you for the kind words in reference to the members of the committee, who have been very pleased to hear both sides, and give you time sufficient to endeavor to make your cases.

Senator MURRAY. Mr. Chairman, I have here a brief statement issued by the deans of the American Association of Dental Schools, signed by all of the Deans except two.

Senator REYNOLDS. I think we put that in the record on the first afternoon.

Senator MURRAY. All right; then that concludes our presentation.

Senator REYNOLDS. It is just 10 minutes of 12, and it will give us time to go to the Senate today.

Thank you very much, Mr. Reporter. Everybody else has been thanked, and you also ought to be thanked.

This closes the hearing.

(Whereupon, at 11:50 a. m., the hearing was closed.)

APPENDIX

LETTER FROM DR. HUGH H. YOUNG

DR. HUGH H. YOUNG, DR. WALTER L. DENNY,
Baltimore, Md., March 21, 1941.

Senator JAMES E. MURRAY,
Senate Office Building, Washington, D. C.

MY DEAR SENATOR MURRAY: I appreciate immensely your invitation to appear before the Military Affairs Committee to testify concerning Senate bill No. 783 to amend the Selective Service Act as it applies to medical students. Other engagements make it impossible for me to come over to testify, but I want to thank you for inviting me.

Having served 2 years in the A. E. F., and knowing the Army, particularly the Medical department, from top to bottom, I feel very strongly that Senate bill No. 783 should be passed. Medical students who will eventually serve in the Army should be allowed to complete their medical training, get their degrees, and then enter the Army. To interrupt their medical course and admit them to the Army as privates would certainly be a poor policy and would prevent the Army from eventually getting a lot of fine medical officers. I am convinced that graduates of medical schools should not be selected by draft boards to serve as privates, these men should be given commissions in the Medical Corps.

I realize fully that the selective service system is made up of men of high integrity, but, nevertheless, it is impossible to expect that these local boards scattered across the country to be able to handle the situation as it should be. Newspaper reports have already shown that these local boards are failing to recognize the necessity of deferring medical and dental students so as to permit them to finish their medical training and become available to the Army and to the Nation as doctors and dentists. By this simple amendment the question is withdrawn from the realm of uncertainty.

It is not a case of the medical profession or medical and dental students seeking to evade service to their country, but it is a proposition of seeking to make available to the Army and Nation an adequate medical and dental service by preserving the flow of medical students through the medical schools of the country, and the utilization of their services after they become doctors in the medical departments of the Army and the Navy, and not allowing them to be drafted into the armed forces of the country as mere privates.

Sincerely yours,

HUGH H. YOUNG,
*Colonel, Medical Corps, A. E. F., retired,
Formerly chief consultant,
Division of Urology, A. E. F.*

STATEMENT FROM THE CHICAGO MEDICAL SCHOOL ALUMNI ASSOCIATION

THE CHICAGO MEDICAL SCHOOL ALUMNI ASSOCIATION,
Chicago, Ill., March 26, 1941.

Subject matter: Senate bill 783 introduced by Senator James E. Murray, February 6, 1941.

Senator MORRIS SHEPPARD,
*Chairman Senate Military Affairs Committee,
Washington, D. C.*

DEAR SIR: On behalf of the alumni of the Chicago Medical School the undersigned respectfully requests that the following statement with reference to Senate bill No. 783 now pending before the Senate Committee on Military Affairs be sub-

mitted to the committee for its consideration and suggests that its recommendations be embodied in the bill:

STATEMENT

While we as alumni of the Chicago Medical School are in sympathy with the general purposes of the bill, we submit that in its present form the measure excludes induction into the land and naval forces of the United States as commissioned officers in the Medical Department Reserve, Officers' Reserve Corps, of some 1,200 regularly licensed and practicing physicians and surgeons of skill and ability in 11 States of the Union who are graduates of the Chicago Medical School and several thousand other physicians, graduates of other State qualified medical schools, solely because they as such graduates are not, nor were at the time of their graduation, eligible for examination by the National Board of Medical Examiners, a private unofficial body, which at the time of the graduation of some of these doctors was not in existence. The examining boards of some of the States do not accept a diploma from this body in lieu of their own requirements for admission.

Lack of eligibility of its graduates for these examinations does not render a medical school or its graduates inferior. These graduates, licensed doctors, are now and for many years have been serving as physicians on boards of health, also as industrial, transportation, and insurance physicians and surgeons, and since the creation of the selective service system as medical examiners for selective service boards by appointment of the President.

A number of these graduates have served in the First World War as commissioned medical officers, and some of them now hold commissions in the Reserve Medical Corps, ranking as high as colonel.

The standards of eligibility for examinations set by the National Board of Medical Examiners or any other unofficial body should not be a means of barring from a commission in the national defense forces doctors whose professional qualifications have been approved by the proper official bodies of the States where they practice and whose fitness for such service has been otherwise satisfactorily established. In the present crisis there is little practical utility in debating the question whether the graduate of one medical school is better than one of another school when his professional qualifications are already determined by competent State departments.

May we call the attention of the committee to the fact that the Chicago Medical School is not an inferior school but is a fully equipped medical school which gives a standard medical education and is fully accredited by the Department of Registration and Education of the State of Illinois. It is a not-for-profit endowed medical school chartered under the laws of Illinois, in existence since 1912. It is governed by a board of trustees of 25 public-spirited civic leaders including experienced educators and persons of outstanding personality and administrative experience. It has over 1,200 graduates, 250 students and 50 internes, and at present graduates approximately 60 students yearly.

At least 2 years of college or university credits from an accredited institution is required for admission to the Chicago Medical School. However, of the first-year class of 72 students admitted last year, 55 students have bachelor of science degrees or master of science degrees from leading universities.

The school maintains a substantial clinic for teaching purposes of over 100 patients daily and its students receive training at the Cook County hospital (3,400 beds) at Chicago, the Chicago State Hospital (4,224 beds), the Municipal Tuberculosis Sanitarium (1,246 beds), the Municipal Contagious Diseases Hospital (428 beds), the St. James Hospital (130 beds), the South Chicago Community Hospital (69 beds), and the Chicago Free Dispensary (100 clinic visits daily). The clinical teaching of the students in the enumerated institutions is done by members of the staffs of these institutions who are members of the faculty of the School.

The satisfactory completion of 4 years of the regular medical curriculum in residence and 1 year of internship in an approved hospital are required of its candidates for the degree of doctor of medicine.

The faculty of the Chicago Medical School consists of graduates of the best institutions of higher learning in the United States. The staff of professors contribute to the regular scientific journals and are members of such associations as the American Association of Anatomists, the American Association of Physiologists, the American Association of Biochemists, the American Association of Pathologists, the Society of Experimental Biology in Medicine, the American Medical Association, and others. They are fellows of the American Medical

Association, the American College of Surgeons, and the American College of Physicians; diplomates of the National Board of Medical Examiners, of the American Board of Pediatrics, the American Board of Gynecology and Obstetrics, the American Board of Genito-Urinary Diseases, and the American Board of Orthopedic Surgery.

The public records will show that the grades of graduates of the Chicago Medical School compare favorably with the grades of other medical schools, and we quote from the Illinois Medical Journal, June 1940 issue, showing the results of examinations for the years 1936 to 1939, inclusive, and from the November 1940 issue of the American Medical Association Journal showing the results of State board medical examinations for the year 1940, as follows:

Summary of the results of the Illinois State Medical Board examinations of graduates of the medical schools in Illinois, as reported in the Journal of the American Medical Association, for the years 1936, 1937, 1938, and 1939

[Source: Illinois Medical Journal, June 1940, p. 559]

	The Chicago Medical School		Loyola University		Northwestern University		Rush Medical College	
	Number	Average grade	Number	Average grade	Number	Average grade	Number	Average grade
1936								
January	15	81.83	7	83.57	12	85.83	12	85.75
April	3	84.66	3	82.66	15	85.00	6	84.33
June	50	82.96	45	83.98	47	84.32	30	84.63
October	15	82.86	4	83.75	15	84.73	14	84.57
Total	83	82.82	59	83.47	89	84.71	62	84.80
1937								
January	10	82.80	3	86.33	5	87.40	14	84.79
April	5	85.60	1	87.00	14	85.64	15	85.60
June	55	83.15	60	82.68	30	84.03	24	84.50
October	11	82.45	6	84.17	16	84.62	12	84.92
Total	81	83.16	70	83.03	65	84.78	65	84.89
1938								
January	6	82.50			10	83.90	4	84.50
April			1	87.00	7	87.20	12	86.92
June	44	83.20	69	82.42	29	83.38	31	83.87
October	10	81.30	6	82.66	13	84.15	10	83.20
Total	60	82.81	76	82.50	59	84.10	57	84.61
1939								
January	1	81.00	2	81.00	16	83.94	9	84.22
April					10	83.10	4	83.00
June	35	81.51	65	82.18	32	82.91	24	83.37
October	15	82.93	4	84.75	9	83.78	9	85.89
Total	51	81.92	71	82.29	67	83.11	46	84.00
First year average	275	82.75	276	82.79	280	84.21	230	84.62
Highest individual passing grade during 4 years		92.00		88.00		90.00		
Lowest individual passing grade during 4 years		75.00		75.00		76.00		

	University of Chicago, Division of Biological Sciences		University of Illinois		Totals for all schools		Total, exclusive of Chicago Medical School	
	Number	Average grade	Number	Average grade	Number	Average grade	Number	Average grade
1936								
January	4	85.25	17	84.76	67	84.40		
April	2	85.00	2	84.00	31	84.55		
June	5	85.60	78	84.49	255	84.11		
October	5	84.60	12	85.83	65	84.40		
Total	16	85.12	109	84.67	418	84.17	355	84.22

The adoption of the bill with this unfortunate limitation would exclude a large body of competent and reputable physicians and internes whose professional training as we have shown is on a parity with those of other medical schools from service to the best advantage of their country in the armed forces of the United States. As was pointed out in the argument before the committee there is a shortage of doctors and internes throughout the country. To bar professionally qualified physicians and surgeons from service in branches of national defense for which they are amply qualified by appropriate schooling and years of training and practical experience and to drive them to nonmedical branches where their abilities and training cannot be used to the best advantage, we believe, is a serious error. A less arbitrary standard is provided by the following excerpt from H. R. 10484 introduced September 7, 1940, now in committee: "That no individual who is licensed to practice medicine under the laws of any State, Territory, or the District of Columbia shall be ineligible for appointment, or for examination for appointment, as a medical officer in the active or Reserve components in the military or naval forces of the United States solely by reason of any rating or classification of the medical school from which such individual was graduated."

For the reasons above stated we further respectfully submit that this limitation discriminates against internes of State-qualified schools and should likewise be modified in regard to them.

As the inclusion of this unqualified limitation is undoubtedly due to a misunderstanding of the true situation regarding medical graduates and their schools we suggest that the committee modify this provision so as to include licensed graduates and internes of State-qualified medical schools who are otherwise fit and to render available to their country the services of a large body of professionally qualified physicians and internes. Accordingly, to effectuate this, we submit herewith various suggestions for amendments to the bill.

Respectfully submitted.

THE CHICAGO MEDICAL SCHOOL ALUMNI ASSOCIATION,
By HENRY A. SMITH, M. D., *President*,
A. B. HEIMBACH, M. D., *Secretary*.
By D. G.

Subject matter: Senate bill 783 introduced by Senator Janes E. Murray, February 6, 1941.

The Chicago Medical School, its alumni, and students request the following amendments to said bill:

First: In the seventh line of the first folio of the bill after the word "a" and before the word "medical", insert the words "State qualified".

Second: Strike out the word "and" in the eighth line of the first folio and insert in lieu thereof the word "or"; strike out the word "such" in the same line, and after the word "graduate", in the same line, insert the words "of a medical school".

Third: In the twenty-first line of the second folio of the bill after the word "at", insert the words "State qualified".

Fourth: In the twenty-fifth line of the second folio after the word "of", insert the words "State qualified", and in the same line strike out the word "and", preceding the word "are" and insert in lieu thereof the word "or".

Fifth: Strike out the word "such" in the first line of the third folio and after the word "graduates", in the same line, insert the words "of a medical school".

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